

Pain Risk Assessment Information Standards Specification

User Interface Name	Field Identifier	Definition	Data Display Format	Data Value Format (code or other value)	Value Sets	Business Rules	Additional Information/definitions/formats	Source
<p>• ALL patients must have a pain assessment on admission (on movement) and further evaluation as indicated below</p> <p>• Indicate the pain assessment tool being used and ensure it is appropriate for this patient's level of communication (guidance below)</p> <p>• Once the patient has been assessed, using the guidance below, transcribe the pain score in to the Equivalent Categorical Pain Scale below (NONE, MILD, MODERATE, SEVERE)</p> <p>• If an action is documented, the pain score must be re-evaluated at an appropriate interval (guidance on frequency below)</p>								
Date of Assessment	Assessment_date	This is the date the actual pain risk assessment was carried out with the patient	Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year Exact times display both hours and minutes, but may optionally also display seconds. The required format is HH:mm:ss (this notation follows the .NET Framework Standard DateTime Format Strings specification).	8 digit numeric, CCYYMMDD 6 digit numeric: hh:mm:ss		May also need to record the time		
Is your patient able to verbalise their pain?	Verbalise_pain	This is to indicate whether the patient is able to verbalise their pain	Radio Button (Yes No)	n1	1 Yes 2 No	If field id 'verbalise_pain' = 1 use the Numerical Pain Scale 0 - 10 OR Categorical scale (None-Mild-Moderate-Severe) whichever tool is commonly used in your clinical area. Use one tool only. If field id 'verbalise_pain' = 2 use Pain AD OR Adapted Abbey. Transcribe the total score into the categorical scale (None-Mild-Moderate-Severe) and record overleaf		
Pain Assessment Tool Used	Pain_tool	This is to indicate what pain assessment tool has been used	Drop Down List		1 - Categorical (N-M-M-S) 2 - Numerical 3 - Pain AD 4 - Adapted Abbey			
Categorical Scale	Categorical_scale	This is to indicate the patients categorical pain scale	Radio Button	n1	0 No Pain 1 Mild Pain 2 Moderate Pain 3 Severe Pain			
Action / Comments	Action_comments_categorical	This is to provide a comment or detail the actions taken	Text Box	Free Text				
Numerical Rating Scale Score	Numerical_score	This is to indicate the patient numerical rating scale score	Radio Button (Multiple Options)	n1	1 2 3 4 5 6 7 8 9 10			
Equivalent Categorical Scale	Equiv_cat_scale_numerical	This is to indicate what the equivalent categorical scale is against the numerical scale	Radio Button (Multiple Options)	n1	0 No Pain 1-3 Mild Pain 4-6 Moderate Pain 7-10 Severe Pain			
Action / Comments	Action_comments_numerical	This is to provide a comment or detail the actions taken	Text Box	Free Text				
Pain AD Breathing Independent of Vocalization	PainAD_Breathing	This is to indicate how the patient is currently breathing	Radio Button (Multiple Options)	n1	B1 - Normal B2 - Occasional labored breathing. Short period of hyperventilation B3 - Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations	Scores: B1 = 0 B2 = 1 B3 = 2		
Pain AD Negative Vocalization	PainAD_Negative_Vocalization	This is to indicate whether the patient has negative vocalization	Radio Button (Multiple Options)	n1	V1 - None V2 - Occasional moan or groan. Low level speech with a negative or disappointing quality V3 - Repeated Troubled calling out. Loud moaning or groaning. Crying	Score: V1 = 0 V2 = 1 V3 = 2		
Pain AD Facial Expression	PainAD_Facial_Expression	This is to indicate how the patients facial expressions are	Radio Button (Multiple Options)	n1	F1 - Smiling or inexpressive F2 - Sad. Frightened. Frown F3 - Facial grimacing	Score: F1 = 0 F2 = 1 F3 = 2		
Pain AD Body Language	PainAD_Body_Language	This is to indicate the patients body language	Radio Button (Multiple Options)	n1	L1 - Relaxed L2 - Tense. Distressed pacing. Fidgeting L3 - Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	Score: L1 = 0 L2 = 1 L3 = 2		
Pain AD Consolability	PainAD_Consolability	This is to indicate the patients consolability	Radio Button (Multiple Options)	n1	C1 - No need to console C2 - Distracted or reassured by voice or touch C3 - Unable to console, distract or reassure	Score: C1 = 0 C2 = 1 C3 = 2		
PainAD Scale Total Score	Painad_Scale_Totalscore	This is to indicate the patients total score on the PainAD scale	Radio Button (Multiple Options)	n1	0 1-3 4-6 7-10			
Equivalent Categorical Scale	Equiv_cat_scale_PainAD	This is to indicate what the equivalent categorical scale is against the PainAD scale	Radio Button (Multiple Options)	n1	0 No Pain 1-3 Mild Pain 4-6 Moderate Pain 7-10 Severe Pain			
Action / Comments	Action_comments_painad	This is to provide a comment or detail the actions taken	Text Box	Free Text				
Abbey Vocalisation e.g. whimpering, groaning, crying	Abbey_vocalisation	This is to indicate the patients vocalisation	Radio Button (Multiple Options)	8char	Absent Mild Moderate Severe	Scores: Absent = 0 Mild = 1 Moderate = 2 Severe = 3 (Max = 18)		

Abbey Facial Expression e.g. grimacing, frowning, looking tense, looking frightened	Abbey_facial_expression	This is to indicate the patients facial expression	Radio Button (Multiple Options)	8char	Absent Mild Moderate Severe	Scores: Absent = 0 Mild = 1 Moderate = 2 Severe = 3 (Max = 18)		
Abbey Change in Body Language e.g. fidgeting, rocking, guarding of body, withdrawn	Abbey_change_in_bofy_language	This is to indicate the patients change in body language	Radio Button (Multiple Options)	8char	Absent Mild Moderate Severe	Scores: Absent = 0 Mild = 1 Moderate = 2 Severe = 3 (Max = 18)		
Abbey Behavioural Change e.g. alterations in usual patterns, increased confusion, refusing to eat	Abbey_behavioural_change	This is to indicate the patients behavioural change	Radio Button (Multiple Options)	8char	Absent Mild Moderate Severe	Scores: Absent = 0 Mild = 1 Moderate = 2 Severe = 3 (Max = 18)		
Abbey Physiological Change e.g. temperature, rapid pulse, blood pressure outside normal limits	Abbey_physiological_change	This is to indicate the patients physiological change	Radio Button (Multiple Options)	8char	Absent Mild Moderate Severe	Scores: Absent = 0 Mild = 1 Moderate = 2 Severe = 3 (Max = 18)		
Abbey Physical Changes e.g. skin tears, pressure areas, arthritis, contractures	Abbey_physical_changes	This is to indicate the patients physical changes	Radio Button (Multiple Options)	8char	Absent Mild Moderate Severe	Scores: Absent = 0 Mild = 1 Moderate = 2 Severe = 3 (Max = 18)		
Equivalent Categorical Scale	Equiv_cat_scale_abbey	This is to indicate what the equivalent categorical scale is against the Adapted Abbey scale	Radio Button (Multiple Options)	n1	0 No Pain 1-3 Mild Pain 4-6 Moderate Pain 7-10 Severe Pain			
Action / Comments	Action_comments_abbey	This is to provide a comment or detail the actions taken	Text Box	Free Text				
Frequency of Pain Assessment and Analgesia Administration	Assessment_frequency_analgesia_admin	This is to indicate the recommended frequency of the assessment and analgesia administration	Radio Button (Multiple Options)	n1	1 - No pain - Reassess 12 hourly as per NEWS observations 2 - Mild Pain - Reassess 4 hourly 3 - Moderate Pain - Give analgesia, reassess after 30 - 60 minutes, ongoing assessment minimum 4 hourly 4 - Severe Pain - Give step 3 analgesia, reassess after 30 minutes			

Discuss with family / carers how much the person usually reacts to pain (past and present). Ask about their usual behaviour patterns. Check any getting to know you forms such as This is Me, Reach Out to Me, DID-DAT for individual pain behaviour. Record any particular pain behaviours in the sections above

