



## GeriCare Transcript - How to assess pain?

### How to assess pain?

Pain is the most common symptom in patients. As it is the 5th vital sign, timely and regular assessment of pain is important. We will now describe a pain assessment tool and some pain scales.

Here, we have OLD CART. Not a real cart obviously, but we will use it to show you what the acronym O-L-D-C-A-R-T means.

OLD CART can be used to assess pain systematically.

O - Onset, when did the pain first start?

L - Location, where does it hurt?

D - Duration, how often does the pain occur and how long does it last?

C - Characteristics, how does the pain feel like?

A - Aggravating factors, what makes the pain worse for the patient?

R - Relieving factors, what makes the pain better?

T - Treatment, what are the previous and current treatments, and were they effective?

Moving on, let's talk about the pain assessment scales that can be used to assess pain. For patients who are communicative, there are the numerical rating scale and the descriptive rating scale.

**Numerical rating scale** is commonly used for oriented patients who can quantify pain from a scale of 0 to 10, where 0 is no pain, and 10 is the worst possible pain.

**Descriptive scale** is used for patients who cannot quantify pain. Patients are asked to describe the pain from a scale of no pain, mild pain, moderate pain to worst possible pain.

For patients who are unable to verbalise their pain in words, we can use scales such as the Wong-Baker Faces Pain Rating Scale or PAINAD.

**Wong Baker Faces Pain Rating Scale** helps patients to communicate pain via visual images. Pain is represented using facial expressions, from a scale of 0, meaning no pain to 10 meaning severe pain. Yes, this is where you can spam your emojis as much as you want.

**Pain Assessment in Advanced Dementia also known as PAINAD** in short, is usually conducted by a healthcare worker for patients who are unable to communicate in any meaningful way and are not oriented. The assessment components are: 1) breathing, 2) presence of groaning, 3) facial expression- is there any facial grimace, 4) body language -is the patient trying to hit you or is the patient restless? and 5) the need to be comforted- can the patient be consoled or reassured?

By using the appropriate pain assessment tool and pain scales, it allows for accurate pain assessment. Proper pain assessment is important to ensure that pain can be managed timely. For more information on the management of pain, check out our next video! See you!



## References

1. Brant JM. The global experience of cancer pain. *Asian Pac J Cancer Prev.* 2010;11 Suppl 1:7–12.
2. Gordon DB. Acute pain assessment tools: let us move away beyond simple pain ratings. *Curr Opin Anaesthesiol.* 2015;28(5):565-569.
3. Welch CM, Mastrangelo L, Sinatra RS, Martinez R. Qualitative and quantitative assessment of pain. In Sinatra RS, de Leon-Cassaola OA, editors. *Acute pain management.* Cambridge: Cambridge University Press; 2009. p.147-171.
4. Sheehy SB. *Emergency nursing: principles and practice* 3rd ed. St Louis: Mosby Year Book, 1992.
5. Wong-Baker Faces Foundation. Wong-Baker faces pain rating scale, 2016. Available at: <http://wongbakerfaces.org>.