Pain is an “unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described by the person in terms of such damage”, with chronic pain further defined as “pain which has persisted beyond normal tissue healing time”. The International Association for the Study of Pain (IASP) and the European Federation of IASP Chapters (EFIC) indicate that one in five people suffer from moderate to severe pain, and that one in three are unable or less able to maintain an independent lifestyle due to their pain, which outlines the fundamental importance of assessing people with wounds for wound pain at every dressing change and between dressing changes as the person expresses pain experiences.

Unfortunately at this time there is no valid, reliable wound pain assessment tool, so we must revert to current valid generic uni-dimensional pain assessment tools such as:

- **The Numeric Rating Score (NRS):**
  - Simplest scale to use, no equipment needed
  - Ask the person to rate their pain intensity on a scale of 0-10, with 0 being ‘no pain’ and 10 being ‘the worst pain ever experienced’
  - Applicable for anyone over the age of 8 with adequate cognitive abilities

- **The Visual Analogue Scale (VAS):**
  - Use of a 10cm ruler with ‘no pain’ written at the 0cm mark and ‘worst pain ever’ written at the 10cm mark
  - Ask the person to place a mark on the scale to represent the severity of their pain

- **The Verbal Rating Score (VRS):**
  - List of adjectives that describe pain intensity, including no pain, mild, moderate, severe, and very severe
  - Used with adults to explain levels of pain intensity
- The Wong Baker FACES Pain Scale:
  - Six gender neutral faces, ranging from no pain to worst pain
  - Scored from 0-10
  - Can be used for children 4-18 to illicit information on pain intensity

![Graphic of the Wong Baker Faces Pain Scale](Google Images)

- The UCLA Department of Anesthesiology posted a Universal Pain Assessment Tool on their website (available at [http://www.anes.ucla.edu/uclapainmanagement_ratingscales.php](http://www.anes.ucla.edu/uclapainmanagement_ratingscales.php)), which seems to combine validated tools such as the Wong Baker FACES Pain Scale, Visual Analogue Scale, Verbal Rating Score, and Activity Tolerance Scale, although this tool itself has not been validated. The tool is copyright (2009 - UCLA David Geffen School of Medicine, Department of Anesthesiology & UC Regents), but also appears on various other websites, including the Methodist Hospital of San Antonio, Texas (©2010 Methodist Healthcare System of San Antonio, Ltd, L.L.P. 1209-13350), White Plains Hospital, and Charlevoix County Medical Control Authority State Model Protocol (for paramedic use only).
Pain can also be measured using a multi-dimensional approach, using such valid, reliable tools as the:

- Brief Pain Inventory, Short Form:
  - Developed for cancer pain assessment, but validated for non-cancer pain as well
  - Assesses severity of pain, impact of pain on daily function, location of pain, pain medications, pain relief in past 24 hours or past week, pain intensity
  - Has a gender neutral body outline to describe location of pain
  - Can be self administered or completed in an interview
- Pediatric Pain Questionnaire:
  - Pain intensity measured using a VAS with happy and sad faces present
  - Gender neutral body outline to allow for description of location of pain
  - Assesses pain intensity based on the person’s choice of colored crayon
  - 46 word descriptors to assess sensory, affective, and evaluative qualities of pain
  - For use with children aged 4-18
  - Available at www. pedsgl.org.

Many other valid, reliable uni and multi-dimensional pain assessment scale exist for populations that the aforementioned tools are of no value. Such tools have been placed in a chart below for reference if required.

<table>
<thead>
<tr>
<th>Pain Assessment Tool</th>
<th>Population</th>
<th>Web Site/Reference</th>
</tr>
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<tbody>
<tr>
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<tr>
<td><strong>Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)</strong></td>
<td>Seniors who cannot communicate</td>
<td><a href="http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/PACSLAC.aspx">http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/PACSLAC.aspx</a></td>
</tr>
<tr>
<td><strong>DOLOPLUS2 Scale</strong></td>
<td>Mild – moderate cognitive impairment</td>
<td><a href="http://www.assessmentscales.com/scales/doloplus">http://www.assessmentscales.com/scales/doloplus</a></td>
</tr>
</tbody>
</table>

Regardless of the tool used, the tool must be used by all staff consistently to elicit valuable information, in order to implement the most appropriate pain management interventions.

**Resources**