Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)

DATE: _____ TIME ASSESSED: _____

NAME OF PATIENT/RESIDENT: _____

PURPOSE:

This checklist is used to assess pain in patients/residents who have dementia and are unable to communicate verbally.

INSTRUCTIONS:

Indicate with a checkmark, which of the items on the PACSLAC occurred during the period of interest.

Scoring the Sub-Scales is derived by counting the checkmarks in each column.
To generate a Total Pain Score sum all four Sub-Scale totals.

Comments:

Facial Expressions	Present
Grimacing	
Sad Look	
Tighter face	
Dirty look	
Change in eyes (squinting, dull, bright, increased movement)	
Frowning	
Pain expression	
Grim face	
Clenching teeth	
Wincing	
Opening mouth	
Creasing forehead	
Screwing up nose	
Activity/Body Movement	
Fidgeting	
Pulling Away	
Flinching	
Restless	
Pacing	
Wandering	
Trying to leave	
Refusing to move	
Thrashing	
Decreased activity	
Refusing medications	
Moving slow	
Impulsive Behaviour (e.g., repetitive movements)	

Activity/Body Movement	Present
Uncooperative/Resistant to care	
Guarding sore area	
Touching/holding sore area	
Limping	
Clenched fist	
Going into foetal position	
Stiff/Rigid	
Social/Personality/Mood	
Physical aggression (e.g., pushing people and/or objects, scratching others, hitting others, striking, kicking)	
Verbal aggression	
Not wanting to be touched	
Not allowing people near	
Angry/Mad	
Throwing things	
Increased confusion	
Anxious	
Upset	
Agitated	
Cranky/Irritable	
Frustrated	
Other*	
Pale Face	
Flushed, red face	
Teary eyed	
Sweating	

Other continued	Present
Shaking/Trembling	
Cold & clammy	
Changes in sleep (please circle): Decreased sleep or Increased sleep during day	
Changes in Appetite (please circle): Decreased appetite or Increased appetite	
Screaming/Yelling	
Calling out (i.e. for help)	
Crying	
A specific sound or vocalisation For pain 'ow', ouch'	
Moaning and groaning	
Mumbling	
Grunting	

Sub-scale Scores:

Facial Expressions _____

Activity/Body Movement _____

Social/Personality Mood _____

Other _____

Total Checklist Score _____

* "Other" sub-scale includes physiological changes, eating and sleeping changes and vocal behaviours.

This version of the scale does not include the items "sitting and rocking", "quiet/withdrawn", and "vacant blank stare" as these were not found to be useful in discriminating pain from non-pain states.

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I have also produced a knowledge translation video designed to train psychologists and graduate students in psychology in pain management CBT. This can be listed and requested from me at cost (i.e., shipping).

Hadjistavropoulos, T. (2012). Pain management for older adults: A cognitive behavioural approach. Regina: University of Regina [DVD available in wmv and mac format]

The following article requires an interventional approach for long-term care pain management, involving pain assessment:

Fuchs-Lacelle, S., Hadjistavropoulos, T. & Lix, L. (2008). Pain assessment as intervention: A study of older adults with severe dementia. *Clinical Journal of Pain, 24,* 697-707.

Details on how to conduct this type of pain assessment are provided here:

Hadjistavropoulos, T., Dever Fitzgerald, T. & Marchildon, G. (2010). Practice guidelines for assessing pain in older persons who reside in long-term care facilities. *Physiotherapy Canada, 62,* 104-113.

A self-management for pain book is also listed on your website (under patient resources) but contains many materials and forms that can be used in the context of therapy.