

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

PAIN ASSESSMENT TOOLS FOR INDIVIDUALS LIVING WITH DEMENTIA

FACT SHEET FOR INDIVIDUALS LIVING AT HOME OR IN ASSISTED LIVING

Caring for someone living with dementia can be especially challenging when they have difficulty expressing what they're feeling—particularly when it comes to pain. Because individuals living with dementia may have trouble communicating discomfort, family caregivers and professional healthcare providers must rely on other clues to recognize when something is wrong.

This fact sheet introduces three pain assessment tools that help identify signs of discomfort in individuals who cannot verbalize their pain. Using these tools can support timely, appropriate treatment and improve quality of life. For more information and additional resources, please visit our website, <https://nursinghome411.org/dementia-care-in-the-community>.

Important Note: These tools are meant to be used by trained healthcare professionals.

PAINAD Scale (Pain Assessment in Advanced Dementia)

The [PAINAD](#) tool is designed to evaluate pain in individuals with advanced dementia who cannot verbally communicate their discomfort. It provides a structured method for evaluating pain using five observable indicators.

Indicators Assessed:

- **Breathing:** Normal, labored, or hyperventilation
- **Vocalization:** Moaning, groaning, or silence
- **Facial Expressions:** Smiling, frowning, or grimacing
- **Body Language:** Relaxed posture, clenched fists, or resistance to movement
- **Consolability:** How easily the patient can be comforted or soothed

How it is Used:

The individual is observed during routine care and scored on each of the above five categories to identify whether they are in pain and an intervention would be beneficial.

For More Information: <https://geriatricacademy.com/painad-scale/>.

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

The [PACSLAC](#) is used to identify pain-related behaviors in people with dementia. It includes a wide range of observable indicators across several categories.

Indicators Assessed:

- **Facial Expressions:** Grimacing, frowning, looking frightened
- **Activity Level:** Restlessness, decreased movement, pacing
- **Body Movements:** Guarding, unusual postures
- **Mood and Social Interaction:** Irritability, withdrawal, personality changes
- **Vocalizations:** Moaning, groaning, crying, asking for help
- **Physiological Data:** Increased heart rate, sweating, flushed face

How it is Used:

The individual is observed over a short period, typically during care or activity, by a healthcare professional. Using a 60-item checklist, the observer marks behaviors as present or absent; higher total scores indicate greater pain intensity.

For More Information: <https://pubmed.ncbi.nlm.nih.gov/19098945/>.

ePAT (Electronic Pain Assessment Tool)

The [ePAT](#) is a mobile app designed for use by trained caregivers or clinicians to assess pain in individuals who are non-verbal. It does this by combining facial recognition technology with behavioral and physiological indicators.

Indicators Assessed:

- **Domain 1: The Face**
 - Cheek raising, tightened eyelids, wrinkled nose, raised upper lip, lip pulling, mouth stretching, parted lips, closed eyes
- **Domain 2: The Voice**
 - Pain-related sounds (e.g., ouch, ah, mm), crying, shouting, howling, sighing
- **Domain 3: The Movement**
 - Restlessness, unusual limb movement, guarding, freezing
- **Domain 4: The Behavior**
 - Social withdrawal, aggression, fear of touch, confusion, distress
- **Domain 5: The Activity**
 - Resistance to care, changes in sleep or routine, prolonged rest
- **Domain 6: The Body**
 - Sweating, flushed or pale skin, fever, rapid breathing, visible injuries

How it is Used:

The ePAT app is used to record a video of the individual's face in order to analyze facial micro-expressions. Then observations are inputted for the five other domains to generate a total pain score and recommended action.

For More Information: <https://journals.sagepub.com/doi/full/10.3233/JAD-170375>.