

### Introduction

Evaluation form to determine if a patient/resident is experiencing pain where they are not able to effectively communicate with the caregiver. We observe the signs that are usually present when a person is experiencing pain. Patients with dementia or severe medical conditions are often not able to communicate intelligently with caregivers or others.

### Checklist of Nonverbal Pain Indicators (CNPI)

Indicator	Details	With Movement	At Rest
Agitation		<input type="checkbox"/>	<input type="checkbox"/>
Body Positioning		<input type="checkbox"/>	<input type="checkbox"/>
Facial Grimaces/Winces	Furrowed brow, narrowed eyes, clenched teeth, tightened lips, jaw drop, distorted expressions	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness	Constant or intermittent shifting of position, rocking, intermittent or constant hand motions, inability to keep still	<input type="checkbox"/>	<input type="checkbox"/>
Rubbing	Massaging affected area	<input type="checkbox"/>	<input type="checkbox"/>
Vocal complaints: Non-verbal	Sighs, gasps, moans, groans, cries	<input type="checkbox"/>	<input type="checkbox"/>
Vocal complaints: Verbal	Words expressing discomfort or pain [e.g., "ouch," "that hurts"]; cursing during movement; exclamations of protest [e.g., "stop," "that's enough"]	<input type="checkbox"/>	<input type="checkbox"/>

### Scoring:

Score a 0 if the behavior was not observed. Score a 1 if the behavior occurred even briefly during activity or at rest. The total number of indicators is summed for the behaviors observed at rest, with movement, and overall. There are no clear cutoff scores to indicate severity of pain; instead, the presence of any of the behaviors may be indicative of pain, warranting further investigation, treatment, and monitoring by the practitioner.

### Suspected Cause

Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Pain Management

☐ Medications (Type, Dosage & Frequency)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
☐ Others indicate all modalities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Effectiveness

☐ Partial ☐ Complete ☐ None

### Care Planning

- Continue current pain Med(s)  
☐ Yes ☐ No
- Refer to Physician for:  
☐ Medication Evaluation  
☐ Rehabilitation Evaluation  
☐ Exacerbating factors  
☐ Alleviating factors
- OOB Schedule Adjusted (Out of Bed)  
☐ Yes ☐ No
- Other: \_\_\_\_\_  
 \_\_\_\_\_

### Tips for documentation

### Assessment

Intensity (pain scale scores or other findings)

Onset

Intensity, Location(s)

Duration / Frequency

Intermittent vs Continuous / Pattern

Diurnal variation (effect of the time of day)

Precipitating / Alleviating factors

Radiation

Referral

Associated symptoms

Effect on function/daily activities

Goals for pain management

### Interventions

Non-pharmacological

Pharmacological (drugs)

Patient's response

### Evaluation/Reassessment

Assessment findings post intervention

Any need for changes in pain management plan

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