



Pain As 5th Vital Signs for Nurses & AMO

(Intubated Patients)





Assessment Tools













01

Behavioral Pain Scale (BPS)

02

Critical Care Patient Observation Tool
(CPOT)

Behavioral Pain Scale (BPS)

		BPS (Intubated / Non-verbal)				
		1	2	3	4	
COMPLIANCE WITH MECHANICAL VENTILATION	UPPER LIMB MOVEMENTS	FACIAL EXPRESSION	 Relaxed	 Partially tightened = brow lowering	 Fully tightened = eyelids closed	 Grimacing = folded cheek
			 No movement (At rest: mobilize limb to check tone)	 Partially bent	 Very bent; finger flexion	 Retracted; opposition to care
			 Tolerating ventilation	 Coughing, but mostly tolerating ventilation	 Fighting, but ventilation possible	 Unable to control ventilation

TOTAL SCORE


- 3 : No pain
- 4-5 : Mild pain
- 6-11 : An unacceptable amount of pain
- ≥12 : Maximum pain

TARGET < 5

HOW TO DO BPS

- ✓ Motor function patient intact
- ✓ Observe patient's behaviour for 1 minutes
- ✓ Select score according to behaviour and add the score to get the total score

Critical Care Patient Observation Tool (CPOT)

Indicator	Score	Description
Facial expression 	Relaxed, neutral	0 No muscle tension observed
	Tense	1 Presence of frowning, brow lowering, orbit tightening, and levator contraction or any other change (eg, opening eyes or tearing during nociceptive procedures)
	Grimacing	2 All previous facial movements plus eyelid tightly closed (the patient may have mouth open or may be biting the endotracheal tube)
Body movements	Absence of movements or normal position	0 Does not move at all (does not necessarily mean absence of pain) or normal position (movements not aimed toward the pain site or not made for the purpose of protection)
	Protection	1 Slow, cautious movements, touching or rubbing the pain site, seeking attention through movements
	Restlessness	2 Pulling tube, attempting to sit up, moving limbs/thrashing, not following commands, striking at staff, trying to climb out of bed
Compliance with the ventilator (intubated patients)	Tolerating ventilator or movement	0 Alarms not activated, easy ventilation
	Coughing but tolerating Fighting ventilator	1 Coughing, alarms may be activated but stop spontaneously 2 Asynchrony: blocking ventilation, alarms frequently activated
<i>or</i> Vocalization (nonintubated patients)	Talking in normal tone or no sound	0 Talking in normal tone or no sound
	Sighing, moaning	1 Sighing, moaning
	Crying out, sobbing	2 Crying out, sobbing
Muscle tension Evaluation by passive flexion and extension of upper limbs when patient is at rest or evaluation when patient is being turned	Relaxed	0 No resistance to passive movements
	Tense, rigid	1 Resistance to passive movements
	Very tense or rigid	2 Strong resistance to passive movements, inability to complete them
Total		___/8

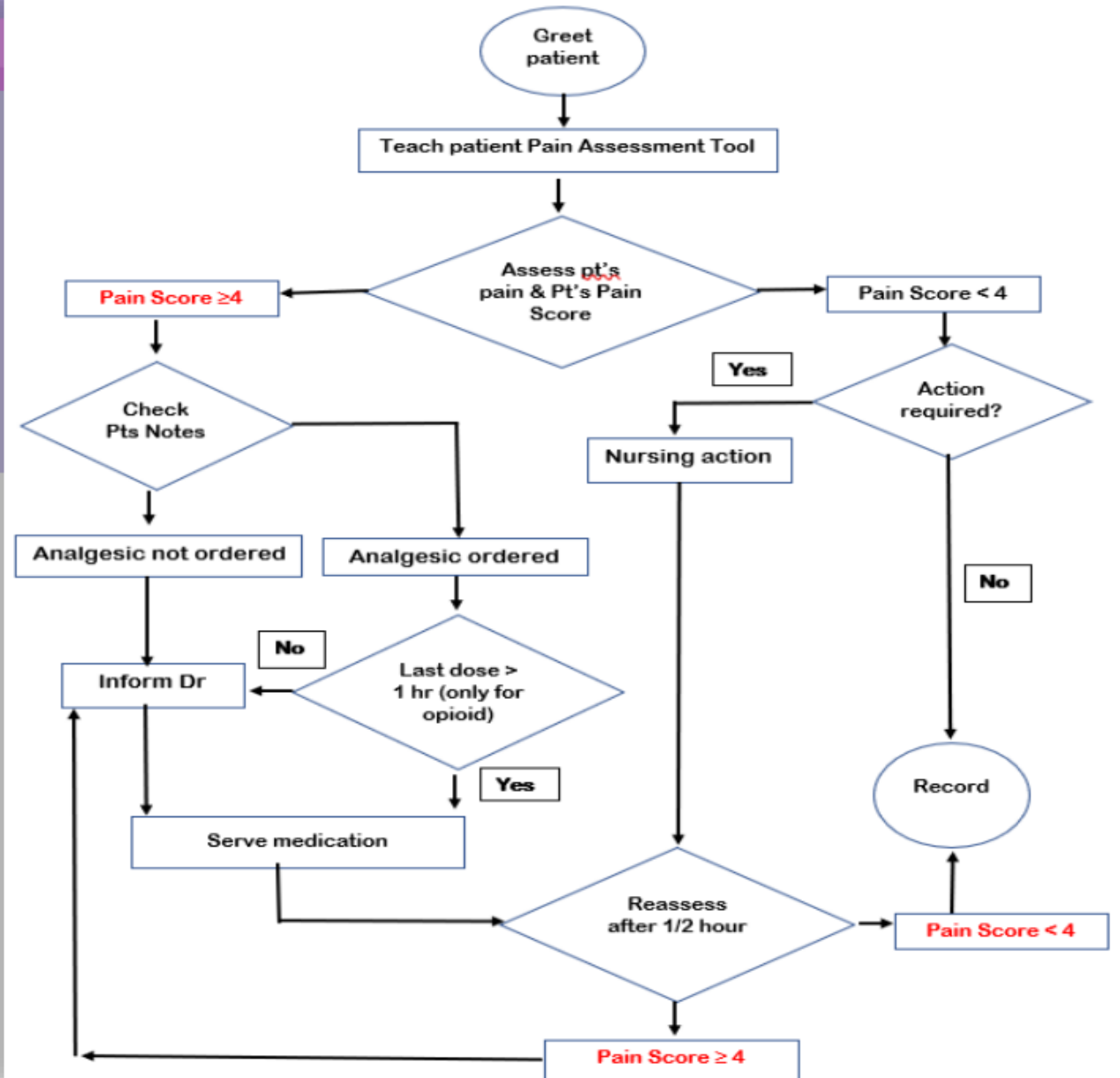
TOTAL SCORE

> 2 indicates occurrence of pain

HOW TO DO CPOT

- ✓ Motor function patient intact & no brain injury which could affect the consciousness
- ✓ Observe patient's behaviour for 1 minutes (at rest), during painful procedures, before and at peak effect of analgesics
- ✓ Assess the muscle tension the last when patient is at rest
- ✓ Select score according to behaviour and add the score to get the total score

PAIN AS 5TH VITAL SIGN: FLOW CHART FOR NURSES & ASSISTANT MEDICAL OFFICER



Non-Pharmacological Treatment



Elevate



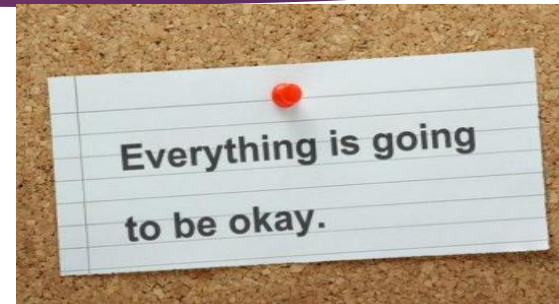
Ice



Guided Imagery



Relaxation



Explanation



Counselling



Music



Reassurance



Massage



Physiotherapy