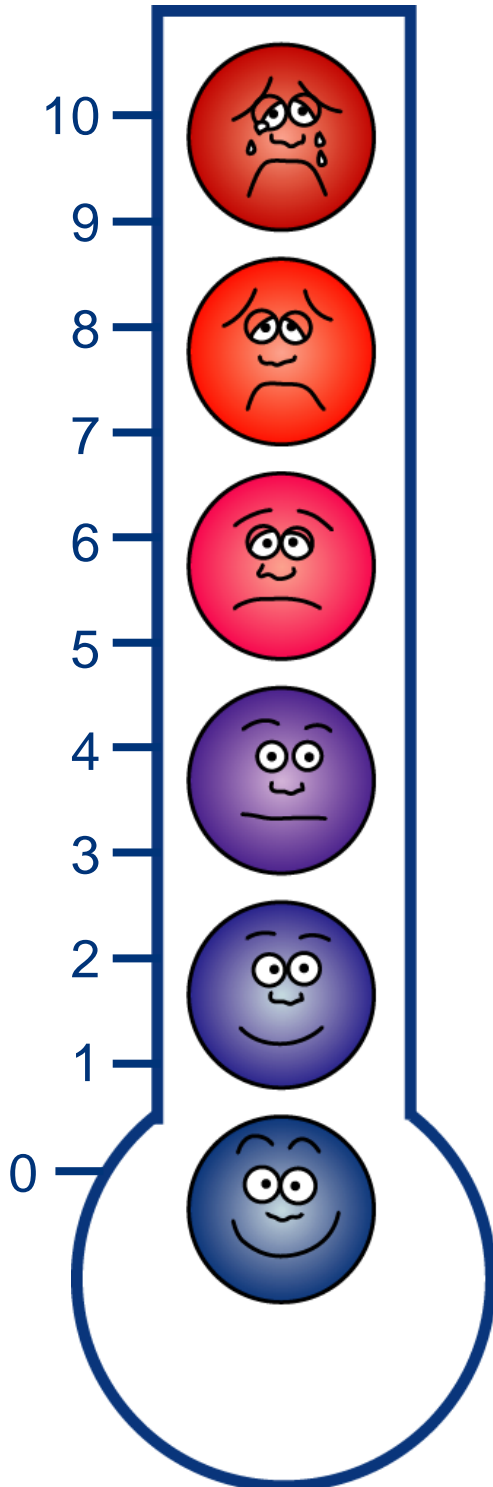


UVA PAIN RATING SCALE

PAIN RATING



ACTIVITY RATING

Worst possible pain

Unable to do any activities because of pain

Extreme pain

Unable to do most activities because of pain

Severe pain

Unable to do some activities because of pain

Moderate pain

Can do most activities with rest periods

Mild pain

Pain is present but does not limit activity

No pain

Able to do all activities

Faces: Modified from Wong DL: Whaley & Wong's essentials of pediatric nursing, ed 5, pp1215-16, St. Louis, 1997, Mosby. Used with permission.

Thermometer: Used with permission from Keela Herr, University of Iowa.

GUIDELINES FOR THE UVA PAIN SCALE

The UVA Pain Scale is a combination of the three validated scales: The Wong-Baker Face Scale, The Iowa Pain Thermometer, and the Functional Pain or Activity Rating scale (functional descriptors). Combining the three scales with pictures, numbers, and functional words provides up-to-date and most commonly used means to describe the patient's pain.

DURING ASSESSMENT/REASSESSMENT:

1. For patients who can communicate:

- Show the scale to your patients and briefly explain that they can rate their pain using numbers, faces, or words. Feelings of anxiety and depression can also affect pain and should be addressed. These scales are validated for pain level.
-
- Document the pain scale number that corresponds to the faces or the level of the thermometer.

AND/OR

- Document the words used in the comment section of the daily flowsheet if the patient is visually impaired or cannot identify a number or face.
 - **Wong-Baker FACES Pain Rating Scale**ⁱ: Point to each face using the words to describe the pain intensity. Ask the patient to choose a face that best describes the pain and record the appropriate number.
 - **The Modified Iowa Pain Thermometer (IPT)**ⁱⁱ Pain rating score 0 to 10 aligns with a pain thermometer to visually help patient to see range of pain rating.
 - **The Functional Pain Scale (FPS)** referred to as ACTIVITY RATING: Ask questions or observe the patient to determine if the pain interferes with function. FPS is especially helpful if the patient has visual or cognitive impairments.

2. For nonverbal patients

- Describe pain behaviors and assume pain present if there is a reason to suspect pain (APP).

ⁱ From Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P: Wong's Essentials of Pediatric Nursing, 6/e, St. Louis, 2001, P. 1301.

ⁱⁱ Other preliminary testing of the IPT with Caucasian and minority older adults including African-Americans and Hispanics, has found it to be reliable and valid and the preferred scale by many subjects. Permission for use granted by Keela Herr, PhD, RN. University of Iowa.