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Clinical Pain Scale Compendium

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The purpose of this compendium was to collect pain measures to meet a patient’s unique needs. We have summarized for ease of use. With an improved capacity of pain measurement tools available, clinicians can better correlate care with more accurate pain assessments to improve patient care.

**INTRODUCTION**

Pain is one of the pivotal aspects of a healthcare examination. Clinicians cannot measure pain objectively, and thus, we can only obtain a subjective report of the patient’s experience. However, human experience of pain can be measured beyond merely its intensity. The purpose of this compendium is to present a range of pain measures to provide a common uniting factor. These changes can be useful. Beyond pain, can fluctuate through these periods of time and tracking these changes can be useful. Impact on ADLS: The impact pain has on daily tasks and normal living, such as sleeping, feeding, self-care, and work, among others. These can be important aspects of estimating disability and the impact pain has on a person’s quality of life.

**Population:** A group of people with a common uniting factor. Some groups of people have special needs in terms of pain assessment. Examples would be patients with dementia, children, or non-English speakers. These groups have specific communication or cognitive needs that are addressed with specialized tools of pain measurement.

**Clinical Pain Assessment Compendium**

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**References**


**Purpose Statement**

The purpose of this compendium was to collect pain measures from various domains and create a document for clinicians to reference when choosing pain measures to use with their patients.

**Table of Contents Page**

The table of contents page from the compendium used to catalog each pain scale with its associated population, page number, and domain.

**A compendium sample page detailing coverage of the Visual Analogue Scale**

**DOMAIN DESCRIPTIONS**

**Affective:** The influence of pain on emotions and thoughts. This can be thought of as the suffering due to pain.

**Beliefs:** A patient’s spiritual beliefs that impact their perception of pain.

**Intensity:** The magnitude of pain.

**Sensory Quality:** Descriptors of pain such as stabbing, shooting, achy, or burning.

**Location:** The site of pain in the body, which can include superficial or deep description. This can include the primary source of pain as well as areas of pain radiation or referral.

**Temporal:** The timeline of pain over minutes, hours, days, and beyond. Pain can fluctuate throughout these periods of time and tracking these changes can be useful.

**Population:** A group of people with a common uniting factor. Some groups of people have special needs in terms of pain assessment. Examples would be patients with dementia, children, or non-English speakers. These groups have specific communication or cognitive needs that are addressed with specialized tools of pain measurement.