

## Behavioral Scale for Cognitively Impaired Adults

Emotion	
Smiling	0
Anxious/Irritable	1
Almost in tears	2
Movement	
None	0
Restless, slow decreased movement	1
Immobile, afraid to move	2
Verbal Cues	
Quiet	0
Noisy breathing, whining, whimpering	1
Screaming, crying out	2
Facial Cues	
Relaxed, calm expression	0
Drawn around mouth and eyes	1
Facial frowning, wincing	2
Position/Guarding	
Relaxed body	0
Guarding/Tense	1
Fetal position, jumps when touched	2

Observe patient for 3-5 minutes at rest and with activity. Rate each category and total numbers to obtain BSCIA pain score.

Reference: Kansas University Medical Center

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## PAIN ASSESSMENT GUIDE FOR COGNITIVELY IMPAIRED ADULTS

### Guidelines

1. **Complete a basic needs assessment:**
  - glasses, dentures, or hearing aids in place and functional?
  - hunger? thirst? toileting needs?
  - too cold? too hot?
  - over stimulation? not enough stimulation?
2. **Look for physical causes of discomfort**, such as infection, inflammation, acute illness, or manifestations of a chronic illness.
3. **Explore the resident's history** for possible sources of potentially painful conditions. (e.g., does the patient have an old fracture site that could be causing pain or history of headaches?)
4. **Implement nonpharmacological comfort interventions** including distraction, relaxation, massage, application of heat or cold, change of position, or exercise.
5. **Start with a non-narcotic analgesic.** Follow WHO Analgesia Ladder.
6. **Consider PRN psychotropic drugs** only when a trial of analgesics is not effective in relieving discomfort (and different doses or drugs have been tried).

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Reference:  
Protocol Pinpoints Discomfort in Late-Stage  
Dementia Patients, *Caring for the Ages*, October  
2001; Vol. 2 No. 10.

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