Royal Cornwall Hospitals
NHS Trust

Assessment and Documentation of Pain in Adults Clinical Guideline

V5.0

September 2025

Summary

Pain measurement using the verbal descriptor scale:

S = Sleeping.
0 = No pain.
1 = Mild pain.
2 = Moderate pain.
3 = Severe pain.

Contact inpatient pain team 01872 252172/Bleep 3233 during office hours, to discuss alternative method of scoring tools for patients who are unable to verbalise their pain.

When to assess pain

- On admission/ transferred to another ward/unit.
- Pain is increased/ unexpected.
- Undergoing a procedure or treatment.
- Method of pain relief, i.e Epidural/ PCA; as per local guidelines.
- Reassess following administration of analgesia.

ANALGESIA SHOULD BE TITRATED TO OPTIMISE FUNCTION RATHER THAN REDUCE PAIN INTENSITY.

Pain scores persistently 2 or 3 (moderate or severe) despite regular administration of analgesia are to be referred for specialist pain advice, via MAXIMS as per Inpatient pain services referral guidelines.

1. Aim/Purpose of this Guideline

1.1. It is the responsibility of every healthcare professional to assess a patient's pain using a recognized pain scoring tool to provide effective and timely pain relief.

1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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2. The Guidance

2.1. "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage," (International Association for the Study of Pain (IASP) 2020).

This has been expanded with the addition of six key points to give more in-depth context:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person's report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviours to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain" (IASP 2020).

2.2. It is the responsibility of every healthcare professional to assess a patient's pain using a recognized pain scoring tool to provide effective and timely pain relief. Administration of analgesia should be given to facilitate function such as deep breathing, coughing, or engaging in rehabilitation, not to completely alleviate pain (Faculty of Pain Medicine 2021).

2.3. When to score pain: On admission and then daily unless:

- Pain is a documented problem and then the frequency needs to be increased.
- The patient is undergoing a procedure or treatment which has the potential to cause pain.
- The patient reports unexpected or increased pain.
- The patient has a method of pain relief such as an epidural or patient.

  controlled analgesia, which uses a specific Trust protocol.
- The patient is transferred to another ward/unit.
- Following administration of analgesia to assess efficacy/ need for further analgesia.

2.4. How to score pain:

2.4.1. Pain should be measured using the verbal descriptor scale:

S = Sleeping.

0 = No pain.

1 = Mild pain.

2 = Moderate pain.

3 = Severe pain.

2.4.2. These measurements should be taken and recorded on **rest** and **movement** on the National Early Warning Score (NEWS) electronic observations chart. It does not form part of the early warning system, but it is a vital component of total patient assessment.

2.4.3. Patients who are unable to verbalise their pain should be scored using the appropriate tool such as PAINAD, which is available via the Nervecentre assessments. Please contact the Pain specialist nurses to discuss alternative pain scoring tools.

2.4.4. For patients with specific pain-relieving methods such as epidural/intrathecal infusions, patient-controlled analgesia (PCA) or local anaesthetic (LA) boluses/infusions refer to the appropriate guidelines on RCHT document library:

Care of Epidural Infusions in Adults Clinical Guideline

Patient Controlled Analgesia (PCA) Adult Clinical Guideline

Local Anaesthetic Infusion/Infiltration via a Nerve Catheter for Pain Management Clinical Guideline

2.4.5. Patients whose pain scores are persistently 2 or 3 (moderate or severe) despite regular administration of appropriate analgesia should be referred for specialist pain advice.

2.4.6. For referral to the Pain Team please refer to:

Referral to Inpatient Pain Services Clinical Guideline

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	That pain assessment complies with the recommendations with the guideline.
Lead	Inpatient pain team.
Tool	Checking of patients with epidurals, PCA and local anaesthetic infusions will be carried out by the Pain specialist nurses and recorded on MAXIMS. Audit of NEWS charts or electronic equivalence.
Frequency	Audit of NEWS charts or its electronic equivalence to carried out 3 yearly. Pain specialist nurse checks on routine post-operative checks.
Reporting arrangements	Results of the audit will be shared with mangers of audited areas and the Pain Team.
Acting on recommendations and Lead(s)	The Pain team and relevant ward areas will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 6 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Assessment and Documentation of Pain in Adults Clinical Guideline V5.0
This document replaces (exact title of previous version):	Assessment and Documentation of Pain in Adults Clinical Guideline V4.0
Date Issued/Approved:	June 2025
Date Valid From:	September 2025
Date Valid To:	September 2028
Directorate/Department responsible (author/owner):	Bernie Booker, Pain Specialist Nurse
Contact details:	01872 2521720
Brief summary of contents:	Guidance for effective assessment and documentation of pain.
Suggested Keywords:	Pain assessment; pain scoring; pain tools; pain documentation.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Pain department; pain consultants and pain specialist nurses. Anaesthetic Governance.
Manager confirming approval processes:	ACCT care group manager: Doug Riley
Name of Governance Lead confirming consultation and ratification:	ACCT governance lead: Suzanne Barber
Links to key external standards:	Core Standards for Pain Management Services in the UK 2nd Edition
Related Documents:	Holdcroft, A and Jagger,S (2005) Core topics in pain. Cambridge. Cambridge university press. Melzack,R and Wall, PD (eds) (2003) Handbook of pain management: A clinical companion to Wall and

Information Category	Detailed Information
	Melzack's textbook of pain. Edinburgh. Churchill Livingston. Raja, S. N., Carr, D. B., Cohen, M., Finnerup, N.B., Flor, H., Gibson, S., Keefe, Francis J.h; Mogil, Jeffrey S.i; Ringkamp, M., Sluka, K.A., Song, XJ., Stevens, B., Sullivan, M.D., Tutelman, P.R., Ushida, T. & Vader, K. (2020) The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. PAIN: Volume 161(9): 1976-198 Faculty of Pain Medicine (2021) Core Standards for Pain Management Services in the UK 2021 Second Edition. Available from: FPM-Core-Standards-2021.pdf [Accessed 10/5/2022]
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Pain

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
10 June 2010	V1.0	Initial issue	Andrew Rogers, Corporate Records Manager
1 Feb 2011	V2.0	Addition of Monitoring Compliance table.	Andrew Rogers, Corporate Records Manager
15 Jan 2012	V2.1	Governance information moved to an appendix. EIA updated. Governance information amended to align with format of Document Manager Upload Form.	Andrew Rogers, Corporate Records Manager
5 August 2013	V2.2	Updated governance information table to include KCCG.	Andrew Rogers, Corporate Records Manager
13 October 2015	V2.3	Information put into new format	Jayne Thomas, Pain CNS.

Date	Version Number	Summary of Changes	Changes Made by
27 February 2019	V3.0	Transferred onto new template. Addition of link to local anaesthetic guidelines.	Bernadette Booker, Pain CNS
June 2022	V4.0	Transferred onto current hospital template. 2.1 New definition of pain 2.2 Guidance to administer analgesia to facilitate function. 2.3.3 PAINAD assessment tool available via Nervecentre. Related documents updated.	Sarah Medlicott, Pain Specialist Nurse
12 June 2025	V5.0	Transferred onto current hospital template. Change of 'acute' pain team to 'inpatient' pain team on summary page. Change of wording to 'Analgesia should be treated to optimise function rather than reduce pain intensity' on summary page. Updated contact phone number. Updated links to RCHT document library.	Bernie Booker, Pain CNS

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Assessment and Documentation of Pain in Adults Clinical Guideline V5.0
Directorate and service area:	ACCT
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Bernie Booker, Pain Specialist Nurse
Contact details:	01872 252170 Bernie.booker@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance for staff to perform assessment of pain and to document it.
2. Policy Objectives	Effective pain assessment.
3. Policy Intended Outcomes	Effective pain control for patients.
4. How will you measure each outcome?	Random review of EWS charts/electronic observations devices on a 3 yearly basis. Reports from hospital satisfaction survey.
5. Who is intended to benefit from the policy?	Patients and staff.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Pain consultants, pain specialist nurses. Anaesthetic governance.
6c. What was the outcome of the consultation?	Any changes recommended and agreed were implemented.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Appropriate tools for all ages.
Sex (male or female)	No	It is accepted that pain is uniquely subjective, and the use of validated pain assessment tools are recommended to ensure there is no negative impact.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	It is accepted that pain is uniquely subjective, and the use of validated pain assessment tools are recommended to ensure there is no negative impact.
Race	No	It is accepted that pain is uniquely subjective, and the use of validated pain assessment tools are recommended to ensure there is no negative impact.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	It is accepted that pain is uniquely subjective, and the use of validated pain assessment tools are recommended to ensure there is no negative impact. This includes tools available for those unable to verbally express pain.
Religion or belief	No	It is accepted that pain is uniquely subjective, and the use of validated pain assessment tools are recommended to ensure there is no negative impact.
Marriage and civil partnership	No	It is accepted that pain is uniquely subjective,e and the use of validated pain assessment tools are recommended to ensure there is no negative impact.
Pregnancy and maternity	No	It is accepted that pain is uniquely subjective, and the use of validated pain assessment tools are recommended to ensure there is no negative impact.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	It is accepted that pain is uniquely subjective, and the use of validated pain assessment tools are recommended to ensure there is no negative impact.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Bernie Booker, Pain Specialist Nurse.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis