Nonverbal Pain Scale (NVPS-R)

Patient's name: _____ **Date:** _____ mm / dd / yyyy

Medical record no.: _____ **Unit / bed:** _____

Reason unable to self-report: _____ **Assessed by:** _____

WHEN TO USE IT

The revised Nonverbal Pain Scale assesses pain in adults who cannot report it themselves - sedated, intubated or cognitively impaired patients. Five domains are each scored 0 to 2, giving a total of 0 to 10 that maps onto a self-reported 0 to 10 scale.

> **Self-report always comes first**
> Only use an observational scale where the patient genuinely cannot report pain. If they can nod, point or squeeze to a number, that answer outranks any observed score.

SCORING

Domain	0	1	2
Face	No particular expression or smile	Occasional grimace, tearing, frowning, wrinkled forehead	Frequent grimace, tearing, frowning, wrinkled forehead
Activity (movement)	Lying quietly, normal position	Seeking attention through movement or slow, cautious movement	Restless, excessive activity, or guarding limbs
Guarding	Lying quietly, no positioning of hands over areas of the body	Splinting areas of the body, tense	Rigid, stiff
Physiology (vital signs)	Baseline vital signs unchanged	Change over the past 4 hours in any of: systolic BP over 20 mmHg, heart rate over 20 beats/min	Change over the past 4 hours in any of: systolic BP over 30 mmHg, heart rate over 25 beats/min
Respiratory	Baseline respiratory rate and oxygen saturation, compliant with ventilator	Respiratory rate over 10 above baseline, or 5% fall in oxygen saturation, or mild ventilator asynchrony	Respiratory rate over 20 above baseline, or 10% fall in oxygen saturation, or severe ventilator asynchrony

OBSERVATION RECORD

Time	Face	Activity	Guard	Physio	Resp	Total	Action taken

> **Reassess after you act**
> Score again 30 minutes after an intravenous analgesic or 60 minutes after an oral dose, and record whether the total fell. A total that does not move after two interventions should prompt review.

Analgesic plan, non-drug measures, and review

Sources: Odhner M, Wegman D, Freeland N, et al. Assessing pain control in nonverbal critically ill adults. Dimens Crit Care Nurs. 2003;22(6):260-267. · Wegman DA. Tool for pain assessment. Crit Care Nurse. 2005;25(1):14-15. · General-purpose record sheet. Follow your unit's pain assessment policy.