

Batten Observational Pain Scale

Name: _____

Date: _____

Please indicate how often this person has shown the signs referred to in *items 1-17* in the last 10 minutes. Please circle a number for each item. If an item does not apply to this person (for example, this person cannot reach with his/her hands), then indicate "not applicable" for that item.

0 =	Not present at all during the observation period. (Note: If the item is not present because the person is not capable of performing that act, it should be scored as "NA". E.g. if a person cannot gesture to a part that hurts due to being unable to use her arms, mark that item "NA".
1 =	Seen or heard rarely (hardly at all), but is present.
2 =	Seen or heard a number of times, but not continuous (not all the time).
3 =	Seen or heard often; almost continuous (almost all the time); anyone would easily notice this if they saw the person for a few moments.
NA =	No applicable. This person is not capable of performing this action.

0 = NOT AT ALL 1 = JUST A LITTLE 2 = FAIRLY OFTEN 3 = VERY OFTEN NA = NOT APPLICABLE

1.	Moaning, whining, whimpering (fairly soft).....	0	1	2	3	NA
2.	Not cooperating, cranky, irritable, unhappy.....	0	1	2	3	NA
3.	Less interaction with others, withdrawn	0	1	2	3	NA
4.	Seeking comfort or physical closeness	0	1	2	3	NA
5.	Being difficult to distract, not able to satisfy or pacify	0	1	2	3	NA
6.	A furrowed brow.....	0	1	2	3	NA
7.	Turning down of mouth, not smiling	0	1	2	3	NA
8.	Lips puckering up, tight, pouting, or quivering	0	1	2	3	NA
9.	Clenching or grinding teeth, chewing or thrusting tongue out.....	0	1	2	3	NA
10.	Stiff, spastic, tense, rigid	0	1	2	3	NA
11.	Gesturing to or touching part of the body that hurts	0	1	2	3	NA
12.	Protecting, favoring or guarding part of the body that hurts.....	0	1	2	3	NA
13.	Flinching or moving the body part away, being sensitive to touch..	0	1	2	3	NA
14.	Moving the body in a specific way to show pain (e.g. head back, arms down, curls up, etc.).....	0	1	2	3	NA
15.	Change in color, pallor.....	0	1	2	3	NA
16.	Sweating, perspiring	0	1	2	3	NA
17.	Tears	0	1	2	3	NA
TOTAL SCORE :		_____				

SCORING:

- Add up the scores for each item to compute the Total Score. Items marked "NA" are scored as "0" (zero).
- Check whether the score is greater than the cut-off scores.

4 or greater = there is a 92% chance that the person *has pain*.

7 or higher = there is an 94% chance that the person *has moderate pain*.

23 or higher = there is an 80% chance that the person *severe pain*.