Non Verbal Pain Scale

Name		**Date**	
Age		**Score**	

Categories			
	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 and/or withdrawal reflexes
Guarding	Lying quietly, no positioning of hands over area of body	Splinting areas of the body, tense	Rigid, stiff
Physiological (vital signs)	Stable vital signs (no change in past 4 hrs)	Change over past 4 hrs in any of the following : SBP > 20 mmHg HR > 20 /min	Change over past 4 hrs in any of the following: SBP > 30 mmHg HR > 25 /min
Respiratory	Baseline RR / SpO2	RR >10 /min above baseline or 5% SpO2 variation	RR > 20 /min above baseline or 10% SpO2 variation

SBP = Systolic Blood Pressure **HR = Heart Rate** **RR = Respiratory Rate**

Additional notes

Scoring

The NVPS - revised is based on observations, with zero to two points assigned for each of the five areas.

- Patients who are awake : Observe for at least 1-3 minutes.
- Patients who are asleep : Observe for at least 5 minutes or longer.

Notes:

- Observe legs and body uncovered. Reposition patient or observe activity.
- Assess body for rigidity and tone.
- Initiate consoling interventions if needed, then assess again.

Interpretation

- 0: Relaxed and comfortable
- 1 to 3: Mild discomfort
- 4 to 6: Moderate pain
- 7 to 10: Severe discomfort/pain

By recording the NVPS - revised score periodically, healthcare providers can evaluate and document whether someone's pain is increasing, decreasing, or stable.

Reference

University of Rochester Medical Center. (n.d.). Adult Nonverbal Pain Scale. ttps://com-jax-emergency-pami.sites.medinfo.ufl.edu/files/2015/02/Adult-nonverbal-pain-scale-University-of-Rochester-Medical-Center.pdf