Abbey Pain Scale

Enter pain scores for each of the the following six areas:

Absent = 0; Mild = 1; Moderate = 2; Severe = 3

Patient details
Surname.....
Title.....
Given names.....
DOB..... MRN.....
Address.....
Suburb.....
Postcode.....

Enter date:					
Enter time:					
Sign entry					
1. Vocalisation e.g., whimpering, groaning, crying.					
2. Facial expression e.g., looking tense, frowning, grimacing, looking frightened.					
3. Change in body language e.g., fidgeting, rocking, guarding part of body, withdrawn.					
4. Behavioural change e.g., increased confusion, refusing to eat, alteration in usual patterns.					
5. Physiological change e.g., temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor.					
6. Physical changes e.g., skin tears, pressure areas, arthritis, contractures, previous injuries.					
Total scores					
Circle the range that matches the total pain score **0-2** No pain **3-7** mild **8-13** moderate **14+** severe	No pain ☐ Mild ☐ Moderate ☐ Severe ☐	No pain ☐ Mild ☐ Moderate ☐ Severe ☐	No pain ☐ Mild ☐ Moderate ☐ Severe ☐	No pain ☐ Mild ☐ Moderate ☐ Severe ☐	No pain ☐ Mild ☐ Moderate ☐ Severe ☐

Tick the box which matches the type of pain: Acute ☐ Chronic ☐ Acute on chronic ☐

About Abbey Pain Scale

Purpose: Developed to detect pain in elderly residents with dementia and inability to communicate verbally. It is a 6-item 3 point scale tool**.**

Description: The Abbey Pain Scale was developed for use in aged care and dementia care. The tool is best used as part of an overall pain management plan. As the tool does not differentiate between distress and pain measuring the effectiveness of any interventions is essential. Use the form to collate recordings across an extended period to facilitate monitoring of responses. The Australian Pain Society recommends using the tool as a movement-based assessment and conducting a **second evaluation one hour after any intervention taken.** Repeat hourly until a score of mild pain is reached and then 4 hourly for 24 hours with treatment for pain as required. Contact the GP or pain team if there is no improvement.

Acknowledgement: Abbey J, et al. The Abbey pain scale: A 1-minute numerical indicator for people with end-stage dementia. Int J Palliat Nurs. 2004 Jan;10(1):6-13.

Organisation

Medicines List:

Helping you keep track of your medicines

My name:

My allergies or previous problems:

My emergency contact(s) details:

My GP/specialist contact details:

My pharmacy:

My pharmacist(s):

My palliative care team (e.g., careworker, nurse):

Reminders:

- Ask a member of your care team to help you fill out this form.
- Bring this form to any future medical appointments.
- Include non-prescription medicines.

Name of medicine	What it looks like	How much and when	How to take it	Date started	What the medicine is for
Example only	e.g., round, red, blue, white liquid	e.g., one capsule per day	e.g., by mouth, with food, by injection	dd/mm/yy	e.g., pain

Assessing Suitability for a Dose Administration Aid

Insert name of your organisation

Name of client: _____

Unique identifier: _____ **DOB (DD/MM/YY):** _____

Usual community pharmacy: _____

Dose administration aids may benefit appropriately selected persons[1].

If the answer to any of these questions is 'No', then a dose administration aid may be unsuitable.

Question	Examples	Yes	No
Has a specific problem been identified that may be resolved with a dosing aid?	• Unintended non-compliance or errors due to a complex regimen. • Double dosing due to short-term memory loss.	☐	☐
Is the person motivated to take their medicines?	• Dosing aids offer no benefit if the person refuses to take their medicines.	☐	☐
Has a medicines review and regimen simplification occurred?		☐	☐
Have other strategies been considered and discussed with the person?	• Linking dose times to meals or other regular activities, medicine list or chart with dose times, medicine calendar or diary, multi-alarm reminder device.	☐	☐
Are most of the medicines appropriate for packing in a dosing aid?	• Unsuitable medications include those not available in solid oral dose form, unstable when removed from packaging, or frequently changing doses e.g. warfarin.	☐	☐
Has the person been shown the dosing aid and agreed to use it?		☐	☐
Has the person demonstrated that they can use the dosing aid, or have a carer who is able to assist?	• Able to identify correct compartment and remove medicines.	☐	☐
Will the person be able to manage dual medicine management systems, if applicable?	• For regular and as required medicines.	☐	☐
Is it affordable for the person?		☐	☐

Selecting the most suitable dosing aid[1].

Type of Dose Administration Aid	Description	Select
Compartmentalised plastic boxes (e.g. Dosette®)	• Reusable device that is usually filled by the user, sometimes filled by health professionals. • Many varieties, with one, two or four compartments for each day of the week. • Some have the days and times labelled in Braille. • Some contain a built-in alarm that can be set to remind the user when it is time to take their medicine. • Usually not tamper-evident.	☐
Blister or bubble packs (e.g. MedicoPak, Webster-Pak®)	• Plastic or disposable cardboard device with four compartments for each day of the week. • Provided by pharmacies. • Usually filled manually, although some pharmacies use an automated packing method. • Some brands may be easier to use than others. • Blister packs for people with low vision or who are unable to read English are available from some suppliers.	☐
Sachet systems (e.g. APHS medicine sachets®, MPS Packettes®)	• Tablets and capsules for a particular date and dose time packed in an individual sachet, labelled with the date and time, the medicine details and the person's name. • Sachets are rolled up in chronological date and time order and usually provided in a container. • Sachets are prepared using automated packing technology. • Community pharmacies usually outsource sachet packing to a large-scale packing facility, although some pharmacies have installed technology to enable onsite packing.	☐
Automated medicine dispensing devices (e.g. Medido®, TabTimer®)	• Devices that dispense the medicines for a particular dose-time, after the user has responded to a built-in reminder alarm that activates when medicines are due to be taken. • The device may need to be manually filled or it may dispense pre-filled medicine sachets. • Some devices have a monitoring function which can send a text message or email to a designated person, if there is no response to the reminder within a set time period.	☐

[1] Elliott RA. Appropriate use of dose administration aids. Aust Prescr. 2014 Apr;37:46-50. doi: 10.18773/austprescr.2014.020.

palliAGED
PALLIATIVE CARE AGED CARE EVIDENCE

Medicines from the PBS Prescriber bag for terminal phase symptoms

PBS Item Code	Pharmaceutical benefit and form	Strength	Packet size	Max qty (packs)	Max qty (units)
3451P	Adrenaline (Epinephrine) injection	1 in 1000 (1 mg/mL)	5 x 1mL amps	1	5
3478C	Clonazepam oral liquid	2.5 mg/mL (0.1 mg/drop)	1 x 10mL	1	1
3466K	Furosemide (Frusemide) ampoule	20 mg/ 2 mL	5 x 2mL	1	5
3456X	Haloperidol ampoule	5 mg/mL	10 x 1mL	1	10
3470P	Hydrocortisone Sodium Succinate injection*	100 mg (reconstituted to 2mL)	Single injection	2	2
	OR	OR			
3471Q	Hydrocortisone Sodium Succinate injection*	250 mg (reconstituted to 2mL)	Single injection	1	1
3473T	Hyoscine Butylbromide ampoule	20 mg/mL	5 x 1mL	1	5
3476Y	Metoclopramide ampoule	10 mg/ 2 mL	10 x 2mL	1	10
10178Q	Midazolam ampoule	5 mg/mL	10 x 1mL	1	10
10862Q	Morphine ampoule	10 mg/mL	5 x 1mL	1	5
	OR	OR			
3479D	Morphine ampoule	15 mg/mL	5 x 1mL	1	5
	OR	OR			
10868B	Morphine ampoule	20 mg/mL	5 x 1mL	1	5
	OR	OR			
3480E	Morphine ampoule	30 mg/mL	5 x 1mL	1	5
10786Q	Naloxone hydrochloride injection	400 microgram/mL	5 x 1 mL	2	10
	OR	OR			
11233F	Naloxone hydrochloride injection	400 microgram/mL	10 x 1 mL	1	10

Based on the emergency practice concept proposed by Seidel et al 2006 Aust Fam Physician. 2006 Apr;35(4):225-31. Information from PBS listings current as of March 2024. See www.pbs.gov.au for more.

Medicines from the PBS Prescriber bag for terminal phase symptoms

Many people with palliative care needs, choose to be cared for and die at home.

Prescribing medicines in advance (anticipatory prescribing), ensures prompt response when symptoms occur. Yet, people can deteriorate suddenly and rapidly.

In Australia, some medicines are provided without charge to prescribers, who can supply them free on home visits. The Pharmaceutical Benefits Scheme (PBS) prescriber bag list includes medicines which can be useful in caring for the dying, in the home environment. These can be administered immediately to manage symptoms or to see the person through until a prescription can be dispensed.

A prescriber bag supply order form can be ordered online from Services Australia. The forms allow monthly ordering of medicines. They must be completed, signed, and given to a community pharmacist for dispensing.

The PBS prescriber bag is a safety net for those who deteriorate suddenly at the end of life. It is not a substitute for good advanced planning.

Symptoms common in the terminal phase

Agitation, or terminal restlessness: Characterised by anguish (spiritual, emotional, or physical), restlessness, anxiety, agitation, and cognitive failure. Sublingual clonazepam, subcutaneous midazolam and subcutaneous haloperidol may be used.

Delirium: Haloperidol is commonly used to reduce distress due to delirium.

Dyspnoea: Subcutaneous morphine is the gold standard. Avoid repeated dosing in people with serious kidney failure. Because there may be an anxiety component, sublingual clonazepam or subcutaneous midazolam may also have a role. Nebulised adrenaline may give temporary relief if stridor is present.

Nausea and vomiting: For onset of new nausea or vomiting in the terminal phase, when the cause is unknown, haloperidol or metoclopramide are usually used as first-line therapy.

Oedema associated with heart failure: Intravenous or subcutaneous furosemide (frusemide) can be adjusted against the oral dose until symptoms are controlled.

Pain: Subcutaneous morphine can be used in most people with pain. Avoid repeated dosing in severe renal failure. Naloxone can be used for opioid poisoning.

Respiratory tract secretions: The inability to clear secretions from the oropharynx or trachea causes pooling of fluids in the throat. This results in rattly breathing. This may be more distressing for the people around then than for the person themselves. Hyoscine butylbromide can be used.

Rigidity associated with end-stage Parkinson disease: If dopaminergic medication is ceased, subcutaneous midazolam or sublingual clonazepam may help to relieve rigidity.

Palliative care emergencies: A sudden and life-threatening change in a person's condition. Some emergencies may be unexpected. Some can be foreseen, based on the nature and location of the disease. These may include:

- superior vena cava obstruction
- catastrophic haemorrhage
- airway obstruction
- seizures
- spinal cord compression.

Morphine and midazolam, administered subcutaneously in the home, can reduce distress. Subcutaneous hydrocortisone may be used in place of dexamethasone, where an anti-inflammatory is useful (e.g. bowel obstruction, spinal cord suppression, and airway obstruction).
*Note: The final volume of the hydrocortisone, once reconstituted, is 2mL which may limit the dose that can be comfortably administered.

In managing a bowel obstruction, hyoscine butylbromide is helpful in managing the cramping pain, while haloperidol is preferred for nausea and vomiting. Topical use of adrenaline is suggested for small volume superficial malignant bleeding.

Practical tips

In addition to carrying medicines, bring equipment to administer them.

Order your PBS prescriber bag medicines at the end of the month.

Lock medicines up in a secure place. You are responsible for their security and must adhere to legislative requirements around secure storage of S8 medications such as opiates.

Keep a recording book for administering, supplying, or discarding medications.

The maximum volume generally accepted for a subcutaneous injection is around 1.5mL - larger volumes are more likely to be associated with pain at the injection site. See hydrocortisone and volume considerations above.

Speak with the community pharmacist about stocking these medicines, so the ongoing prescription can be dispensed immediately.

For specific dosing advice, refer to:

- Australian Medicines Handbook
- Palliative Care Therapeutic Guidelines
- CareSearchgp app.