
Recognizing Pain in Patients with an Inability to Communicate Verbally

Patients may not be able to speak or describe their pain in the late stages of dementia, if they have had a stroke, or if they are in the late stages of other diseases such as amyotrophic lateral sclerosis (ALS, Lou Gehrig's disease). However, just because they cannot speak does not mean that they are not experiencing pain.

Family members may be the first to notice little changes in the patient's mood or behavior that may mean the patient has pain.

Always ask the patient if there is pain or if the patient is hurting anywhere. Patients who are non-verbal or have dementia may still have the ability to answer questions by nodding or with eye movements.

Ask family members or other caregivers if they have noticed any changes in behavior that might indicate the patient is having pain.

Patients may display any of the following behaviors:

Facial expressions such as grimacing, frowning, looking sad, wrinkling the brow.

Movements such as restlessness, fidgeting, moving slowly, protecting a body part, pacing, rocking back and forth.

Noisy, labored breathing.

Looking scared, worried or troubled.

Acting tense.

Wringing of hands or clenching fists.

Pulling at or touching a body part or area.

Increased confusion, restlessness, or agitation.

Any change in the patient's usual behavior, for example: a very talkative patient may become quiet or a very quiet patient may become very talkative.

Moaning or groaning.

Report any of the above behaviors to your supervisor

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference

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Kuebler KK, Berry PH, Hendrich DE. *End-of-Life-Care: Clinical Practice Guidelines for Nurses*. Philadelphia, PA: W.B. Saunders Co.; 2002.

McCaffery M, Pasero C. *Pain: Clinical Manual*. 2nd ed. St. Louis, MO: Mosby; 1999.

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