

Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)

Avec l'autorisation des auteurs

Source : Fuchs-Lacelle, S. & Hadjistavropoulos, T. (2004). Development and preliminary validation of the pain assessment checklist for seniors with limited ability to communicate (PACSLAC). *Pain Manag.Nurs*, 5, 37-49.

**Pain Assessment Checklist for Seniors with Limited Ability to Communicate  
(PACSLAC)**

DATE: \_\_\_\_\_ TIME ASSESSED: \_\_\_\_\_

NAME OF PATIENT/RESIDENT: \_\_\_\_\_

**PURPOSE:**

This checklist is used to assess pain in patients/residents who have dementia and are unable to communicate verbally.

**INSTRUCTIONS:**

Indicate with a checkmark, which of the items on the PACSLAC occurred during the period of interest.

Scoring the Sub-Scales is derived by counting the checkmarks in each column.

To generate a Total Pain Score sum all four Sub-Scale totals.

Comments:

---

---

---

---

---

---

Facial Expressions		Present	Activity/Body Movement		Present
Grimacing			Uncooperative/Resistant to care		
Sad Look			Guarding sore area		
Tighter face			Touching/holding sore area		
Dirty look			Limping		
Change in eyes (squinting, dull, bright, increased movement)			Clenched fist		
Frowning			Going into foetal position		
Pain expression			Stiff/Rigid		
Grim face			<b>Social/Personality/Mood</b>		
Clenching teeth			Physical aggression (e.g., pushing people and/or objects, scratching others, hitting others, striking, kicking)		
Wincing			Verbal aggression		
Opening mouth					
Creasing forehead					
Screwing up nose					
Activity/Body Movement			Not wanting to be touched		
Fidgeting			Not allowing people near		
Pulling Away			Angry/Mad		
Flinching			Throwing things		
Restless			Increased confusion		
Pacing			Anxious		
Wandering			Upset		
Trying to leave			Agitated		
Refusing to move			Cranky/Irritable		
Thrashing			Frustrated		
Decreased activity			<b>Other*</b>		
Refusing medications			Pale Face		
Moving slow			Flushed, red face		
Impulsive Behaviour (e.g., repetitive movements)			Teary eyed		
			Sweating		

Other continued	Present
Shaking/Trembling	
Cold & clammy	
Changes in sleep (please circle): Decreased sleep or Increased sleep during day	
Changes in Appetite (please circle): Decreased appetite or Increased appetite Screaming/Yelling Calling out (i.e. for help)	
Crying A specific sound or vocalisation For pain 'ow', ouch' Moaning and groaning Mumbling	
Grunting	

Sub-scale Scores:

Facial Expressions \_\_\_\_\_

Activity/Body Movement \_\_\_\_\_

Social/Personality Mood \_\_\_\_\_

Other \_\_\_\_\_

**Total Checklist Score**

\* "Other" sub-scale includes physiological changes, eating and sleeping changes and vocal behaviours.

This version of the scale does not include the items "sitting and rocking", "quiet/withdrawn", and "vacant blank stare" as these were not found to be useful in discriminating pain from non-pain states.

Copyright © Shannon Fuchs-Lacelle and Thomas Hadjistavropoulos (The PACSLAC is distributed today with the permission of the copyright holders)

For permission to reproduce the PACSLAC, please contact Thomas Hadjistavropoulos ([Thomas.Hadjistavropoulos@uregina.ca](mailto:Thomas.Hadjistavropoulos@uregina.ca))

THE DEVELOPERS OF THE PACSLAC SPECIFICALLY DISCLAIM ANY AND ALL LIABILITY ARISING DIRECTLY OR INDIRECTLY FOR USE OR APPLICATION OF THE PACSLAC. USE OF THE PACSLAC MAY NOT BE APPROPRIATE FOR SOME PATIENTS AND THE PACSLAC IS NOT A SUBSTITUTE FOR A THOROUGH ASSESSMENT OF THE PATIENT BY A QUALIFIED HEALTH PROFESSIONAL. The PACSLAC (like all other related observational tools for seniors with dementia) is a screening tool and not a definitive indicator of pain. As such, sometimes it may incorrectly signal the presence of pain and, other times, it may fail to identify pain. As such, it should be used by qualified health care staff within the context of their broader knowledge and examination of the patient.

Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)

La version néerlandaise (24 items) a été saisie le 14/08/2009 sur <http://www.pijnverpleegkundigen.nl/Pacslac-D.pdf>

**Nederlandse versie van de Pain Assessment Checklist for Seniors with Severe Dementia (Pacslac-D)\***

Datum: \_\_\_\_\_ Tijdstip beoordeling: \_\_\_\_\_

Naam patiënt/ bewoner: \_\_\_\_\_

**Doel:**

Deze checklist wordt gebruikt om pijn te beoordelen bij patiënten met dementie die geen of slechts beperkte mogelijkheden hebben te communiceren

**Instructies:**

Kruis aan welke items van de PACSLAC voorkomen tijdens de periode waarin u geïnteresseerd bent

De score per subschaal kan worden berekend door de het aantal kruisjes per subschaal op te tellen  
Door alle subschaal scores op te tellen berekend u de totale schaal score

**Opmerkingen:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Gelaat	Aanwezig
Uitdrukking van pijn	
Een specifiek geluid of uiting van pijn 'au' of 'oef'	
Wenkbrauwen fronsen	
Grimas	
Rimpels in het voorhoofd	
Kreunen en kernen	
Verandering in de ogen (scheel kijken, mat, helder, meer bewegingen)	
Pijnlijke plek aanraken en vasthouden	
Pijnlijke plek beschermen	
Terugtrekken	
<b>Verzet/ afweer</b>	
Verbale agressie	
Fysieke agressie (bijv. mensen en/of voorwerpen wegduwen, anderen krabben, anderen slaan, stompen, schoppen)	
Geërgerd (geagiteerd)	
Achteruitdeinzen	
Niet aangeraakt willen worden	
Niet-óöperatief/weerstand tegen zorgverlening	
<b>Sociaal emotioneel/stemming</b>	
Nors/prikkelbaar	
Schreeuwen/krijsen	
Donkere blik	
Verdrietige blik	
Geen mensen in de buurt laten komen	
Ontsteld (ontdaan)	
Blozend, rood gelaat	
Rusteloos	

**Subschaal scores:**

Gelaat \_\_\_\_\_

Verzet/ Afweer \_\_\_\_\_

Sociaal emotioneel/ stemming \_\_\_\_\_

**Totale score:** \_\_\_\_\_

*\* PACSLAC is oorspronkelijk ontwikkeld door Fuchs-Lacelle and Hadjistavropoulos, 2004*

*PACSLAC-D werd vertaald, aangepast en getest door de Universiteit Maastricht (Zwakhalen et al., 2006)*