

# Pain Assessment: Unable to Self-Report

## Critical-Care Pain Observation Tool (CPOT)

*Add score 0-2/2 for each section to produce total score.*

Indicator	Assessment	Score	Description
<b>Facial Expression</b> (score 0, 1 or 2)	Relaxed, Neutral	0	<ul style="list-style-type: none"> <li>No muscle tension observed</li> </ul>
	Tense	1	<ul style="list-style-type: none"> <li>Presence of frowning, brow lowering, orbit tightening and contraction of upper eyelid; or,</li> <li>Any other change (e.g., opening eyes or tearing during noxious procedures)</li> </ul>
	Grimacing	2	<ul style="list-style-type: none"> <li>All above facial movements plus eyelids tightly closed (may present with mouth open or biting ETT)</li> </ul>
<b>Body Movement</b> (score 0, 1 or 2)	Absence of movement/normal position	0	<ul style="list-style-type: none"> <li>Does not move at all (doesn't necessarily mean absence of pain); or, normal position (movements not aimed toward the pain site or not made for the purpose of protection)</li> </ul>
	Protection	1	<ul style="list-style-type: none"> <li>Slow, cautious movements, touching or rubbing the pain site, seeking attention through movements</li> </ul>
	Restlessness	2	<ul style="list-style-type: none"> <li>Pulling tube, attempting to sit up, moving limbs/thrashing, not following commands, striking at staff, trying to climb out of bed</li> </ul>
<b>Ventilator Compliance</b> (ventilated patient)  <b>OR</b> <b>Vocalization</b> (non-intubated)  (score 0, 1 or 2)	Tolerating ventilator or movement; <i>or, talking in normal tone or no verbal sound</i>	0	<ul style="list-style-type: none"> <li>Alarms not activated, easy ventilation; or, <i>Talking in normal tone or no sound</i></li> </ul>
	Coughing but tolerating ventilator; <i>or, sighing or moaning</i>	1	<ul style="list-style-type: none"> <li>Coughing, alarms may be activated but stop spontaneously; or, <i>Sighing, moaning</i></li> </ul>
	Fighting ventilator; <i>or, crying out or sobbing</i>	2	<ul style="list-style-type: none"> <li>Asynchrony, blocking ventilator, alarms frequently activated; or, <i>Crying out, sobbing</i></li> </ul>
<b>Muscle Tension</b> (evaluate by passive flexion and extension of upper limbs when patient is at rest or during turning)  (score 0, 1 or 2)	Relaxed	0	<ul style="list-style-type: none"> <li>No resistance to passive movements</li> </ul>
	Tense, rigid	1	<ul style="list-style-type: none"> <li>Resistance to passive movements</li> </ul>
	Very Tense or rigid	2	<ul style="list-style-type: none"> <li>Strong resistance to passive movements, incapacity to complete them</li> </ul>
<b>TOTAL SCORE</b>		___/8	Sum of scores from each of the 4 categories.