

This is a **Sample** version of the
**Pain Assessment Checklist for Seniors with
Limited Ability to Communicate (PACSLAC)**

The **full version** of PACSLAC comes without 'sample' watermark.

The full complete version includes –

- PACSLAC Overview information
- PACSLAC Scoring/ Administration instructions
- PACSLAC Complete questionnaire/
Assessment
- PACSLAC Clinical Validity

Buy full version here -  for \$7.00

Once you have paid for your item you will receive a direct link to download your full complete e-book instantly. You will also receive an email with a link to download your e-book. Each purchased product you order is available to download for 24 hours from time of purchase. Should you have any problems or enquiries please contact - info@agedcaretests.com

The use of the Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC) by caregivers in dementia care facilities

Gary Cheung, Peter Choi

Abstract

Aim Pain is often under-detected and under-treated in nonverbal patients with severe dementia. PACSLAC is a behavioural assessment tool designed to improve the detection of pain in severe dementia. Previous studies on PACSLAC were primarily with qualified nurses in Canada and the Netherlands. This pilot study is aimed to evaluate the inter-rater reliability of the PACSLAC when it is administered by caregiver staff.

Method 50 patients from four dementia care facilities were included. For each patient, a PACSLAC rating was completed independently by a medical undergraduate researcher and a caregiver following the caregiver attended the patient's usual personal care with the researcher observing in close proximity.

Results 36 (72%) were female and 14 (28%) were male. The mean age was 82.9 years ($SD=7.2$) and the mean MMSE score was 7.5 ($SD=7.9$). A total of 12 caregivers participated in the study. The total PACSLAC scores ranged from 1 to 22 with a mean of 5.7 ($SD=4.0$). The average percentage of agreement was 0.89 and the Pearson correlation coefficient was 0.83 ($p<0.01$) for the total PACSLAC scores rated by the researcher and the caregivers.

Conclusion This pilot study demonstrated PACSLAC has good inter-rater reliability when it is used by caregivers. We believe a baseline PACSLAC could be performed for each patient at the time of admission to a dementia care facility and re-administered on regular intervals to detect pain-related behaviour and to prompt earlier pain management. Future studies with larger samples and collaboration between different centres will be useful in providing normative PACSLAC values in New Zealand.

In the past decade, pain assessment in patients with dementia has received increasing attention as one of the attempts to improve dementia care in the community.¹⁻³ The prevalence of pain in elderly nursing home residents is 40–80%.⁴⁻⁹

Previous studies suggest that pain is under-detected, and under-treated in older people with dementia.^{10,11} Self-reporting is often regarded as the “gold standard” in pain assessment. However, nonverbal older people with dementia are unable to communicate their pain and discomfort. Their ability to interpret pain may also be reduced in the presence of cognitive deficits.

The American Geriatrics Society (AGS) recommends the use of behavioural observation in the assessment of pain in dementia.¹² The six categories of potential pain indicators are: (1) facial expressions, (2) verbalization/vocalizations, (3) body movements, (4) changes in interpersonal interactions, (5) changes in activity patterns or routines, and (6) mental status changes.

Several structured behavioural pain assessment tools are available for nonverbal patients with dementia. Two recent systematic reviews evaluated the psychometric qualities and clinical utility of a total of 15 existing pain assessment tools.^{13,14} Both reviews concluded that existing tools are still in the early stages of development and testing. Zwakhalen et al suggested PACSALC¹⁵ and DOLOPLUS¹⁶ are the most appropriate scales currently available and further research should aim to improve these scale by testing their psychometric properties and clinical utility.

PACSLAC (Pain Assessment Checklist for Seniors with Limited Ability to Communicate) is a checklist with a total of 60 items organised under four conceptually defined categories: facial expressions (13 items), activity/body movements (20 items), social/personality/mood (12 items), and physiological indicators/eating and sleeping changes/vocal behaviours (15 items) [Appendix 1].

Each item is scored on a dichotomous scale as present or absent. The checklist addresses all six pain behaviour categories included in the AGS guidelines. The initial study on PACSLAC demonstrated good construct validity, internal consistency, and discriminant validity.¹⁵ Prospective studies have also shown PACSLAC has good internal consistency, inter-rater and intra-rater reliability, construct and congruent validity.^{17,18}

Previous studies on PACSLAC were primarily administered by qualified nurses and took place in Canada and the Netherlands. The aim of this pilot study is to evaluate the inter-rater reliability of PACSLAC when it is administered by caregiver staff. Caregivers working in dementia rest homes in New Zealand are involved in the day-to-day care of older people with dementia and they have an important role in monitoring changes in their behaviour.

Method

Study design—This is an observational study. Patients were observed and rated during their usual personal care.

Participants—Participants were stable residents recruited from four specialist dementia rest homes in Hamilton and Cambridge, New Zealand. In New Zealand, residents of dementia rest homes are mobile and confused requiring specialist care in a secure and safe environment. Due to the presence of severe cognitive impairment, informed consents were obtained from each patient's next of kin and/or welfare guardian. This study was approved by the Northern Y Regional Ethics Committee, New Zealand. We also obtained permission from the managers of the rest homes to conduct this study in their facilities.

Procedure—Caregivers in the four rest homes were given an hour in-service teaching on the presentation of pain in nonverbal dementia patients by an experienced community psychogeriatric nurse (20 years working experience) and a medical undergraduate researcher. The teaching was based on the material “Assessing Pain in Loved Ones with Dementia: A guide for family and caregivers”.¹⁹ PACSLAC was introduced and demonstrated to the caregivers.

For each participant, a PACSLAC rating was completed independently by the researcher (rater 1) and the caregiver (rater 2). The ratings were completed after the caregiver attended to the participant's personal care in the morning or evening while the researcher observed the participant in close proximity.

**This is the end of the SAMPLE PACSLAC clinical validity.
Please goto page 1 to purchase complete version.**

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

Purpose

The PACSLAC Checklist is used to screen for pain in older adults who have dementia or other cognitive impairment with a limited ability to communicate. The tool should be used by a professional nurse.

When to Use

It should be used at the following time points:

- 1) At admission to the Nursing Home to establish an initial baseline level of behaviors that may be related to pain
- 2) At each quarterly nursing review
- 3) Weekly for older adults with a trigger for pain or problem with pain
- 4) Any time a change in behavior is reported that might be related to pain
- 5) Reassess as appropriate to determine if treatment goals are met

How to Use

This is the end of the SAMPLE PACSLAC scoring instructions. Please goto page 1 to purchase complete version.

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: _____

Sub-scale Scores:

Facial Expressions	<input type="checkbox"/>
Activity/Body Movement	<input type="checkbox"/>
Social/Personality Mood	<input type="checkbox"/>
Other	<input type="checkbox"/>
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.

**This is the end of the SAMPLE PACSLAC questionnaire.
Please goto page 1 to purchase complete version.**