

Pain Assessment for the Cognitively/ Communicatively Impaired (PACCI)

Complete according to the PACCI Policy & Procedure Page 1 of 2

Date:		Sh	ft:	Day 🗌	Evening	Night					
Check ✓ if applicable											
Behavioural Expression	1)	Fidgets		ASSESSMENT/INTERVENTIONS							
	2)	Grabs at caregiver during care		Possible Location(s) of pain:							
	3)	Paces									
	4)	Pushes caregiver away		Initial Interventions: ☐ Physical Assessment ☐ Call MD							
	5)	Reluctant to eat									
	6)	Rocks in one spot			☐ Lab–blood work, urinalysis☐ X-ray						
	7)	Seeks to be in bed		☐ Bladder scan ☐ Rectal check							
	8)	Wakes frequently		☐ Other							
	9)	Winces with movement		Provoking factors:							
	10)	Withdraws (closes eyes, turns away)		☐ Hygien	e [☐ Tub Bath					
	11)	Change in breathing pattern									
	12)	Blinks rapidly		☐ Walkin	g/Exercise [☐ Fall					
ion	13)	Clenches teeth		Recent Surgery							
Facial pressi	14)	Frowns		☐ Getting	Getting dressed						
Facial Expression	15)	Grimaces		☐ Treatment (e.g. dressings)							
	16)	Squeezes eyes shut		Other .							
	17)	Avoids specific position/posture		Pharmacological strategies:							
	18)	Draws knees up		Started analgesics Type:							
sal sion	19)	Guards/protects area									
	20)	Has difficulty getting up from sitting or lying		☐ Increased analgesics/dose change							
Physical xpressic	21)	Limits weight-bearing		Adjuvant medication							
Physical Expression	22)	Points to area		(eg; anticonvulsants, antidepressants)							
	23)	Resists movement		Other							
	24)	Seeks support for movement		Non-pharmacological strategies:							
	25)	Self-splints an area		☐ Hot Pack ☐ Cold Pack							
_	26)	Calls repetitively		☐ Massa	ge 🗌 R	epositioning					
al Sion	27)	Cries with touch		☐ Exercise ☐ Diversion							
Vocal Expressior	28)	Cries without provocation		1:1 visit							
	29)	Grunts/moans and groans		Referral to							
	30)	Verbalizes pain		Other .							
		Total (▽	/ 30								
		IP	N Yes [☐ Yes ☐ No							
Name/Designation of Person completing PACCI (print)			t)								
Pain Identified as Focus of Care				Yes, Care Plan Initiated No, not necessary Date:							

Complete another PACCI after starting interventions every shift until pain is managed



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Complete according to the PACCI Policy & Procedure Page 2 of 2

Pain Indicators			Check ✓ if applicable					
Date								
Shift (D=Days, E=Evenings, N=Nights)								
	1) Fidgets							
	Grabs at caregiver during care							
	3) Paces							
	4) Pushes caregiver away							
JRAL	5) Reluctant to eat							
BEHAVIOURAL EXPRESSION	6) Rocks in one spot							
EHA	7) Seeks to be in bed							
<u> </u>	8) Wakes frequently							
	9) Winces with movement							
	10) Withdraws (closes eyes, turns away)							
	11) Change in breathing pattern							
	12) Blinks rapidly							
I. Sion	13) Clenches teeth							
FACIAL	14) Frowns							
FACIAL EXPRESSION	15) Grimaces							
_	16) Squeezes eyes shut							
	17) Avoids specific position/posture							
	18) Draws knees up							
	19) Guards/protects area							
PHYSICAL EXPRESSION	20) Has difficulty getting up from sitting or lying							
PHYSICAL XPRESSIO	21) Limits weight-bearing							
EAH	22) Points to area							
	23) Resists movement							
	24) Seeks support for movement							
	25) Self-splints an area							
Vocal Expression	26) Calls repetitively							
	27) Cries with touch							
Vocal	28) Cries without provocation							
V Exp	29) Grunts/moans and groans							
	30) Verbalizes pain							
Total (✓)		/30	/30	/30	/30	/30	/30	
INITIALS (PERSON COMPLETING PACCI) AND DESIGNATION								
DATE DISCUSSED AT IDT								
✓IF NOTED IN IPN								
Pain Managed (Initials)								