

Assessment of Pain using The Critical-Care Pain Observation Tool (CPOT)



- Assess patient for pain at least every 4 hours or more frequent as needed and record score on ICU chart
- The patient is experiencing significant pain if CPOT score is ≥ 3
- Treat CPOT scores \geq with 500 μ g alfentanil or increase alternative analgesic infusions i.e. remifentanyl/epidural rate
- Consider pre-emptive analgesia e.g. 500 μ g alfentanil bolus **prior** to turning the patient, changing complex wound dressings, inserting/removing chest drains or other invasive devices. Reassess analgesic effect at 15 minutes.

Indicator	Description	Score
Facial expression	No muscular tension observed	Relaxed, neutral 0
	Presence of frowning, brow lowering, orbit tightening, and levator contraction	Tense 1
	All of the above facial movements plus eyelid tightly closed	Grimacing 2
Body movements	Does not move at all (does NOT necessarily mean absence of pain)	Absence of movements 0
	Slow, cautious movements, touching or rubbing the pain site, seeking attention through movements	Protection 1
	Pulling tube, attempting to sit up, moving limbs/thrashing, not following commands, striking at staff, trying to climb out of bed	Restlessness 2
Compliance with the ventilator (intubated patients) OR Vocalisation (extubated patients)	Alarms not activated, easy ventilation	Tolerating ventilator or movement 0
	Alarms stop spontaneously	Coughing but tolerating 1
	Asynchrony: blocking ventilation, alarms frequently activated	Fighting ventilator 2
	Talking in normal tone or no sound	Talking in normal tone or no sound 0
	Sighing, moaning	Sighing, moaning 1
	Crying out, sobbing	Crying out, sobbing 2
Muscle tension (Evaluation by passive flexion & extension)	No resistance to passive movements	Relaxed 0
	Resistance to passive movements	Tense, rigid 1
	Strong resistance to passive movements, inability to complete them	Very tense or rigid 2