



PRACTICE PEARLS

Are You Correctly Documenting These Two Common Pain Scales?

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A variety of methods are available today for assessing pain. Of course, among these methods are the visual analog scale (VAS) and the numeric pain scale (NPS).

The VAS

The VAS uses a diagram depicting a line drawn between the numbers 0 and 10. Zero represents no pain; 10 represents the worst possible pain. The use of the diagram involves asking a patient to mark the spot along the line between zero and 10, which represents their level of pain.

The line marked by the patient is compared to a diagram with a line of the same length, depicting all numbers between 0-10. Correlation between the patient's mark and the actual scale helps identify the patient's degree of pain.

Since the scale involves marking a diagram, the use of the scale is dependent upon the use of paper and pen; or possibly, tablet and pen.

The NPS



The NPS is also a scale using the numbers 0-10. Both the high and low numbers have the same meanings as they do on the VAS. The use of the scale involves asking a patient to circle or check a number on a form; or verbalize a number that represents their degree of pain.

Since the NPS rating can be verbalized, the scale is not dependent upon paper and pen or tablet and pen, making the NPS more convenient to use. Thus, the NPS scale is more routinely employed.

Ensuring Accurate Documentation

The VAS and NPS are similar, but not the same. Unfortunately, the similarities can result in mislabeling the NPS as the VAS.

Mislabeling may seem innocuous since the scales are similar. However, practitioners are encouraged to label the scales appropriately. Correct use of the scale affects the opinions of third parties who review clinical cases.

If a third-party has peer review or regulatory duties, mislabeling the scales can leave the reviewer with the impression the treating clinician's documentation and clinical skills are deficient. Further review and criticism may follow.

Ensuring Accurate Information

In addition to correct documentation, another factor must be considered when using the VAS and NPS: obtaining accurate information. It is helpful to give patients references for the numbers on the scale:

Zero indicates no pain while one indicates mild pain is present. You would not take aspirin or consult a doctor in these situations. Nine or 10 indicates you cannot go to work, work around the house, exercise, or drive. You are incapacitated. Where are you along the line between these situations?

Comparing pain to function helps to contextualize the patient's degree of pain even further.

Pain measurement is now considered as a vital sign. Using the tools that correctly assess it is essential in health care documentation and patient care.

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