

## Instructions for using the CSU Acute Pain Scale

Use of the scale employs both an observational period and a hands-on evaluation of the patient. In general, the assessment begins with quiet observation of the patient in its cage at a relatively unobtrusive distance. Afterwards, the patient as a whole (wound as well as the entire body) is approached to assess reaction to gentle palpation, indicators of muscle tension and heat, response to interaction, etc.

The scale utilizes a generic 0-4 scale with quartermarks as it's base along with a color scale as a visual cue for progression along the 5 point scale.

Realistic artist's renderings of animals at various levels of pain add further visual cues. Additional drawings provide space for recording pain, warmth, and muscle tension; this allows documentation of specific areas of concern in the medical record. A further advantage of these drawings is that the observer is encouraged to assess the overall pain of the patient in addition to focusing on the primary lesion.

The scale includes psychological and behavioral signs of pain as well as palpation responses. Further, the scale uses body tension as an evaluation tool, a parameter not addressed in other scales.

There is a provision for non-assessment in the resting patient. To the authors' knowledge this is the only scale that emphasizes the importance of delaying assessment in a sleeping patient while prompting the observer to recognize patients that may be inappropriately obtunded by medication or a more serious health concern.

Advantages of this scale include ease of use with minimal interpretation required. Specific descriptors for individual behaviors are provided which decreases inter-observer variability. Additionally, a scale is provided for both the dog and the cat.

A disadvantage of this scale is a lack of validation by clinical studies comparing it to other scales. Further, its use is largely limited to and is intended for use in acute pain.