Background

The Glasgow Composite Measure Pain Scale Short Form (CMPS-SF) was developed for dogs in acute pain (surgical, medical, inflammatory or traumatic) and was designed as a clinical decision-making tool. It was constructed using psychometric methods and has been shown to be valid, reliable and responsive to clinical change in a range of clinical settings. It is easy to use and quick to complete.

What is it?

It is a questionnaire containing 30 descriptor options within 6 behavioural categories. Within each category, the descriptors are ranked numerically according to their associated pain severity. The person carrying out the assessment chooses the descriptor within each category which best fits the dog's behaviour/condition. There is a protocol which should be followed closely when carrying out the assessment procedure (described on the questionnaire).

It is available in seven languages, English, French, German, Italian, Norwegian, Spanish and Swedish (all available to download at http://www.newmetrica.com/cmps/index.html).

The output

The output is a pain score which is the sum of the rank scores. The maximum score for the 6 categories is 24, or 20 if mobility is impossible to assess.

Do I treat?

The total CMPS-SF score is a useful indicator of analgesic requirement. The recommended analgesic intervention level is 6/24 or 5/20. Therefore, if an animal scores 6 or above out of 24, or 5 or above out of 20, analgesic administration should be considered.

Guidance on use of the tool

- Follow the protocol as described in the questionnaire when making an assessment
- The scale can be used in all dogs in acute pain or where the owner or professional considers the dog might be in pain
- Where dogs have been anaesthetised or sedated, the scale should be used only when dogs have recovered sufficiently to be fully conscious. A general
rule of thumb is to wait 2 hours after endotracheal extubation, but each case should be treated according to its individual circumstances.

- Dogs should be assessed and analgesia given or not. Where analgesia is provided, the dog should be re-assessed within 15 – 30 minutes of drug administration. If comfortable then re-assess every 2 – 4 hours (depending on the drug used and clinical context)

- In the immediate postoperative period assessments should not be carried out more frequently than hourly to avoid unnecessary stress to the dog.

- The scale should be used as an adjunct to clinical judgement: no dog should be denied analgesia based on the scores alone.

- It should be noted that acute pain associated with many surgical and medical conditions lasts longer the 24 hours. Analgesic protocols should reflect this (link to guidance in WSAVA treatise)