**Pain Assessment in Critically Ill Patients**
**End of Course Assessment and & Sign off Form**
**Critical Care Pain Observation Tool**

**Name of Participant: _____** **Department/Area of Work: _____**

**Level /Grade: _____** **Assessor's Name: _____**

**Date _____** **Start Time_____** **End Time_____**

| Grade the Following Areas Using CPOT | Not done | Needs Improvement | | Fair | Good | Excellent |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 |
| **1. Facial Expression** (observes from end of bed and bedside) | | | | | | |
| Relaxed, Neutral | | | | | | |
| Tense | | | | | | |
| Grimacing | | | | | | |
| **2. Body Movements** | | | | | | |
| Absence of movements | | | | | | |
| Protection | | | | | | |
| Restlessness | | | | | | |
| **3. Muscle Tension** (Evaluation by Passive Flexion and extension of upper extremities) | | | | | | |
| Relaxed | | | | | | |
| Tense, rigid | | | | | | |
| Very tense or rigid | | | | | | |
| **4 (a) Compliance with the ventilator** (Intubated Patients) | | | | | | |
| Tolerating ventilator or movement | | | | | | |
| Coughing but tolerating ventilator | | | | | | |
| Fighting with ventilator | | | | | | |
| **OR** | | | | | | |
| **4 (b) Vocalization** (Extubated Patient) | | | | | | |
| Talking in normal tone or no sound | | | | | | |
| Sighing, moaning | | | | | | |
| Crying out, Sobbing | | | | | | |

**Demonstrates ability to recall and use CPOT** **Yes** ☐ **No** ☐

**Overall assessment: 1 2 3 4 5 6 7 8 9 10**