

BEAP Pain Scale for Cats

Many signs of chronic pain are non-specific. Please see your family vet to rule out other possible causes of these symptoms.

<p>0 No pain</p>		<p>B: Breathes normally E: Eyes bright and alert A: Walks normally and remains agile A: Engages in play and all normal activities</p>	<p>A: Eats and drinks as normal A: Happy and content; interested in surroundings; playful behavior; seeks attention P: Comfortable at rest and during play; perky ears; upright, alert tail; whiskers relaxed P: Enjoys being touched, petted and brushed; no body tension present</p>
<p>1-2 Mild pain</p>		<p>B: Breathes E: Eyes bright and alert A: Slightly more hesitant to jump onto very high places like countertops but still able to easily jump onto couch or bed A: May show subtle change in normal activity and behaviors</p>	<p>A: Eats and drinks A: Generally remains happy and interested in surroundings P: Tail may be down more often; ears up; whiskers generally relaxed P: Enjoys being touched, petted and brushed; no body tension present</p>
<p>3-4 Moderate pain</p>		<p>B: Breathes normally, possibly at increased rate E: Eyes may appear slightly duller, may be partly closed A: Hesitant to jump on high (countertops) and lower (bed, couch) surfaces A: Not eager to interact but still in tune with surroundings; changes in normal routine; may hide; decreased grooming</p>	<p>A: Appetite more finicky, such as wanting only treats or "junk" food such as canned food A: Generally more subdued and quiet P: Difficulty posturing to eliminate or cover waste; subtle changes in posture; tail held low and ears more flattened, whiskers slightly down P: Does not mind touch except on painful area; turns head to look where touched; mild body tension</p>
<p>5-6 Moderate to severe pain</p>		<p>B: Breathing rate and effort may be increased E: Eyes dull, may remain partially or fully closed; pupils may be more dilated A: Moves more slowly or gingerly; no longer jumps onto couch or bed; difficulty on stairs A: Withdraws from family and other pets; seeks solitude; decreased grooming; may excessively lick painful area; may have "accidents" outside the litter box</p>	<p>A: Frequently loses appetite A: Very subdued and quiet; increased facial tension; decreased enjoyment of being brushed P: "Meatloaf" position; whiskers move forward slightly from face; rough or fluffed up fur; difficulty posturing to eliminate or cover waste fully P: Guards painful area or tries to escape; moderate body tension when being touched</p>
<p>7-8 Severe pain</p>		<p>B: Faster breathing rate with more noticeable effort E: Eyes dull and may remain partly or fully closed; pupils dilated; may appear distressed A: Unlikely to move if left alone A: Avoids all interaction; will "go off" and hide, often in new places; stops grooming; frequently licks or chews at painful area, sometimes to the point of fur loss</p>	<p>A: Loss of appetite; may not want to drink A: Reclusive; agitated; potentially aggressive; tail flicking; may growl or hiss P: Tail held close, ears flattened or pinned back, whiskers move forward and tend to bunch; "grimace face"; flattened posture P: Significant body tension when painful area touched; may growl or hiss in pain; guards painful area by pulling away or trying to escape</p>
<p>9-10 Worst pain possible</p>		<p>B: Increased breathing rate and effort; may have periods of open-mouthed breathing or panting E: Dull, closed eyes; eyes may also widen with a look of panic; pupils dilated A: Unable or unwilling to walk A: Difficult to distract from pain, even with gentle touch or soothing voice; may bite or chew painful area; may eliminate where lying</p>	<p>A: No interest in food or water A: Extremely depressed or minimally responsive ("flat out"); quiet, growling or hissing; distressed P: Lying on side; tail may appear "fluffed" P: Rigid body tension when touched; will not tolerate touch of painful area; hissing when non-painful areas are touched</p>

Specific behaviors or physical changes I see:

Breathing: _____

Appetite: _____

Eyes: _____

Attitude: _____

Ambulation: _____

Posture: _____

Activity: _____

Palpation: _____