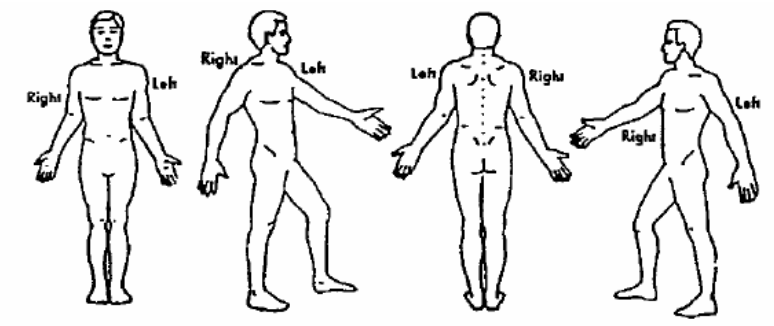
Pain Assessment Tool

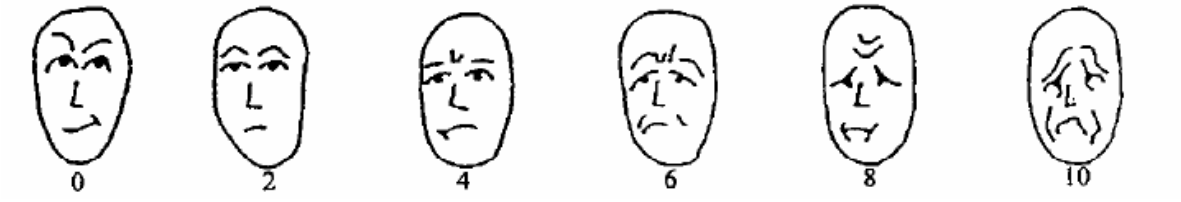
Addressograph

Reason for assessment:
□ New admission □ Readmission □ Further Assessment
□ Change in condition □ Quarterly

1. Location of pain:



2. Severity of Pain:



QUESTIONS	COMMENTS
What is the present level of pain? **(if no pain is present complete sections 6 and 7)**	
What is the rate when the pain is at its least?	
What makes the pain better?	
What is the rate when the pain is at its worst?	
What makes the pain worse?	
Is the pain continuous or intermittent?	
When did the pain start?	
What do you think is the cause of this pain?	
What level of pain are you satisfied with? (if 0 is unattainable)	

3. Quality: Indicate the words that describe the pain

□ aching	□ throbbing	□ shooting	□ stabbing	□ gnawing	□ sharp
□ burning	□ tender	□ exhausting	□ tiring	□ penetrating	□ numb
□ nagging	□ hammering	□ pins & needles	□ unbearable	□ tingling	□ stretching
□ pulling	other:				

4. Effects of pain on <u>activities of daily living</u>

Activities of daily living	Yes	No	Comments
sleep and rest			
social activities			
appetite			
physical activity and mobility			
emotions			
sexuality/intimacy			

5. Effects of pain on <u>quality of life</u>

What would you like to do now that you can't do because of the pain **<u>or</u>** What activity would improve your quality of life?

_____

_____

6. Symptoms: What other symptoms are being experienced?

□ constipation	□ nausea	□ vomiting	□ fatigue	□ insomnia	□ depression	□ drowsy
□ sore mouth	□ weakness	□ short of breath	other:			

7. Behaviours: What behaviours are present that may be a result of pain or treatment?

□ calling out	□ restlessness	□ disorientation	□ not eating	□ pacing
□ not sleeping	□ withdrawn	□ groaning/moaning	□ rocking	□ new immobility
□ tense	□ distressed	□ distracted	□ crying	□ inexpressive
□ fists clenched	□ striking out	□ knees pulled up	□ frowning	□ facial grimacing
□ resistant to movement	□ pulling or pushing away	□ sad	□ frighten	other

8. Past pain management

Has a significant degree of pain been experienced in the past? How was that managed?

_____

_____

Past use of pharmacological and non-pharmacological pain management?

_____

_____

9. Support system:_____

10. Other concerns related to pain_____

11. Nursing pain diagnosis:

□ visceral	□ somatic (muscle or bone)	□ raised intracranial pressure
□ naturopathic	□ mixed	□ unknown

Date Care Plan updated: _____

Signature: _____ **Assessment Date:** _____

Adapted from Registered Nurses' Association of Ontario. (2002). *Assessment and Management of Pain*. Toronto, Canada: Registered Nurses' Association of Ontario. [On-line]. Available: www.rnao.org/bestpractices