COMPREHENSIVE PAIN DATA COLLECTION & ASSESSMENT

Resident_______________________MR#________

A. Reason for Assessment:
☐ Initial ☐ Annual ☐ Quarterly ☐ Significant Change
☐ Readmission ☐ New Pain ☐ New Diagnosis
☐ Other/Comments:______________________________

B. Pain Related Conditions/Diagnoses:
☐ Arthritis ☐ PVD
☐ Osteoporosis  ☐ Neuropathy
☐ Cancer  ☐ Diabetes
☐ Infection  ☐ Headache
☐ Parkinson’s  ☐ Contracture/s
☐ Fracture  ☐ Wound
☐ Oral/Dental  ☐ Other_____________________________

C. Cognitive Status:
☐ Alert and oriented x 3
Disoriented: ☐ Person ☐ Place ☐ Time ☐ Self

D. Pain History:
Resident’s own report of pain: ____________________________

☐ Unable to report pain.  Reason ________________________
(If unable to report skip to section F)
Any pain in the last seven days? _________________________
When did the pain begin? _____________________________
How often does it occur? _______________________________
☐ Rarely ☐ Occasionally ☐ Frequently ☐ Almost constantly
What makes it better? _________________________________
☐ Rest ☐ Repositioning ☐ Medication ☐ Cold
☐ Warmth ☐ Other_______________________________
What makes it worse? _________________________________
☐ Movement ☐ Anxiety ☐ Cold
☐ Heat ☐ Other_______________________________

E. Pain Intensity: Resident’s report of how severe the pain is:

<table>
<thead>
<tr>
<th>Score</th>
<th>0</th>
<th>1-3</th>
<th>4-6</th>
<th>7-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now:</td>
<td>none</td>
<td>mild</td>
<td>moderate</td>
<td>severe</td>
</tr>
<tr>
<td>Worst it ever gets:</td>
<td>none</td>
<td>mild</td>
<td>moderate</td>
<td>severe</td>
</tr>
<tr>
<td>Best it gets:</td>
<td>none</td>
<td>mild</td>
<td>moderate</td>
<td>severe</td>
</tr>
</tbody>
</table>

Scale used to determine intensity: ☐ numerical 0-10
☐ Faces ☐ Verbal descriptive ☐ Other _______________________  

F. Current and previous treatments:

Effectiveness of treatment in the past 24 hours: _________________________

G. Signs of Pain During Movement

NAR interview & Nurse observation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Score=0</th>
<th>Score=1</th>
<th>Score=2</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocal complaints</td>
<td>None</td>
<td>Occasional moan/groan</td>
<td>Noisy labored breathing</td>
<td></td>
</tr>
<tr>
<td>Facial Grimaces, furrowed brow</td>
<td>Normal breathing</td>
<td>Labored breathing short periods of labored breathing</td>
<td>Long periods of hyperventilation</td>
<td></td>
</tr>
<tr>
<td>Bracing-Clutching or holding on to</td>
<td>Occasional moan/groan</td>
<td>Low level speech with a negative or disapproving quality</td>
<td>Cheyne-Stokes Respiration</td>
<td></td>
</tr>
<tr>
<td>Restlessness</td>
<td>None</td>
<td>Crying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubbing: (massaging affected areas)</td>
<td>None</td>
<td>Repeated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H. Nonverbal Indicators - PAINAD

This score does not equal pain intensity but may be an indicator of pain and can be used to determine effect of interventions.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Score=0</th>
<th>Score=1</th>
<th>Score=2</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing</td>
<td>Normal breathing</td>
<td>Occasional labored breathing short periods of labored breathing</td>
<td>Noisy labored breathing, Long periods of hyperventilation Cheyne-Stokes Respiration</td>
<td></td>
</tr>
<tr>
<td>Negative Vocalizations</td>
<td>None</td>
<td>Occasional moan/groan</td>
<td>Repeated troubles calling out Loud moaning or groaning</td>
<td></td>
</tr>
<tr>
<td>Facial Expression</td>
<td>Smiling or inexpressive</td>
<td>Sad, frightened frown</td>
<td>Facial grimace</td>
<td></td>
</tr>
<tr>
<td>Body Language</td>
<td>Relaxed</td>
<td>Tense, distressed, pacing, fidgeting</td>
<td>Rigid, fist clenched. Knees pulled up Striking out</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Knees pushed away</td>
<td></td>
</tr>
<tr>
<td>Consolability</td>
<td>No need to console</td>
<td>Distracted by voice or touch</td>
<td>Unable to console, distract or reassure</td>
<td></td>
</tr>
</tbody>
</table>

I. Effects of Pain: Indicate if the pain has had an effect in each area in the past 24 hours.

N= no effect  S= some effect  E= Extreme effect

☐ Walking ☐ Relationships with others
☐ Bed mobility ☐ Mood/Behavior
☐ Transfers ☐ Appetite change
☐ Toileting ☐ Concentration
☐ Grooming ☐ Other-Describe
☐ Dressing ☐ _ _ _ _ _ _ 

Total
J. Focused Exam: complete if pain or indicators for pain are present. Include exam of mouth/teeth
1. Resident and/or nurse circle affected areas on body/diagram.
2. Describe pain in residents own words (aching, burning, tingling, shooting, sharp, dull, numb, throbbing, pins/needles, etc.)
3. Nurse indicates all abnormal observations found on exam (swelling, inflammation, discoloration, limited ROM etc)

K. Available Family Information re: Pain Hx, effects on function, relationships, treatments & effectiveness

L. Resident goals for pain management:
   - [ ] Sleep comfortably
   - [ ] Comfort at rest
   - [ ] Comfort with movement
   - [ ] Total pain control
   - [ ] Stay Alert
   - [ ] Perform Activities
   - [ ] Other

Resident’s pain intensity goal: 0 1 2 3 4 5 6 7 8 9 10

M. Signature of Nurse collecting Data:

N. Analysis of data:
   All locations and types of pain present: (acute vs. chronic, somatic vs. visceral vs. neuropathic)______________________________
   Cause/causative factors______________________________
   Severity and effect on resident’s quality of life______________________________

Manner of expressing pain: [ ] reliable verbal reports
   [ ] nonverbal
   [ ] behavior

Effectiveness of current treatment including dose and dosing intervals of medications:______________________________

Risk/benefit of the pain medication(s):

Drug allergy status: [ ] none [ ] allergy ______________________

Conditions, situations or treatments when pain can be anticipated:
   [ ] No [ ] Yes

Further information/testing needed? [ ] No [ ] Yes

Need for referral? [ ] No [ ] Yes

Resident has behaviors for which pain has not been ruled out as a cause or contributing factor? [ ] No [ ] Yes - plan for determining if behaviors are/are not indicators of pain/discomfort:

Additional comments:________________________________________________

O. Plan of Care:
   Medication additions/changes: [ ] No [ ] Yes

   Non-drug interventions:________________________________________________

   Psychosocial, spiritual approaches:________________________________________________

   Nonverbal signs known to indicate pain? [ ] No [ ] Yes

   Designated scale for measuring intensity
   Potential side effects and/or adverse consequences of plan:

   Plan for ongoing monitoring of pain and response to interventions:

   Plan for reassessment:

   Resident/family education: [ ] Reporting pain
   [ ] Expected effects and side effects of interventions
   [ ] Monitoring methods [ ] Other

   Plan of care coordinated with Hospice? [ ] Yes [ ] No [ ] NA

   Other:________________________________________________

P. Signature of Nurse completing assessment:

Nurse: ___________________________________________ Date: ___________________________

Risk/benefit of the pain medication(s):

Drug allergy status: [ ] none [ ] allergy ______________________

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P. Signature of Nurse completing assessment:

Nurse: ___________________________________________ Date: ___________________________