

## Pain Identification/Review

Resident \_\_\_\_\_ Med Rec # \_\_\_\_\_

**Part I** (complete Part I & II at each review)

	Date	Date	Date	Date
<b>OBSERVATION</b> Check if present:				
Has condition or diagnosis that usually causes pain				
Receives treatments or procedures from which pain can be anticipated				
Reports pain, discomfort, soreness, aching				
Has nonverbal indicators of pain at rest or with movement				
Facial expressions – grimacing, frowning, furrowed brow				
Verbalizations/vocalizations – grunting, groaning, gasping				
Body movements such as bracing, guarding, clutching				
Altered interpersonal interactions – irritable, withdrawn				
Changes in activity patterns, routines, sleep, appetite				
Mental status changes				
Physiologic changes				
Wandering, restless, resistive, calling out				
Receives medications or non-medication interventions for pain				
Has pain or discomfort during eating or oral cares				

Date	Signature	Date	Signature
Date	Signature	Date	Signature

**PART II**

Date _____	<b>Choose One:</b>
___ Resident has not had a comprehensive assessment in past year. Proceeding to comprehensive assessment. ___ Resident had a comprehensive assessment in past year but has one or more indicators listed above that has changed or was not previously assessed. Proceeding to comprehensive assessment. ___ Resident has had a comprehensive assessment in the past year and all of the above conditions were included in the assessment. Proceeding to review of pain plan of care. ___ Resident has no indicators for pain but has potential for pain/discomfort and has had comprehensive assessment in past year. Proceeding to care plan.	
<b>Current Pain Interventions:</b> (medication and non-medication)	
Efficacy and appropriateness:	
Side effects observed:	
Resident's pain management goals:	
Analysis of current plan:	
Signature of Nurse completing review	Date

Resident ID
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**Choose One:**

Resident has not had a comprehensive assessment in past year. Proceeding to comprehensive assessment.

Resident had a comprehensive assessment in past year but has one or more indicators listed above that has changed or was not previously assessed. Proceeding to comprehensive assessment.

Resident has had a comprehensive assessment in the past year and all of the above conditions were included in the assessment. Proceeding to review of pain plan of care.

Resident has no indicators for pain but has potential for pain/discomfort and has had a comprehensive assessment in the past year. Proceeding to care plan.

**Current Pain Interventions:** (medication and non-medication)

Efficacy and appropriateness:

Side effects observed:

Resident's pain management goals:

Analysis of current plan:

Signature of Nurse completing review:

Date

**Choose One:**

Resident has not had a comprehensive assessment in past year. Proceeding to comprehensive assessment.

Resident had a comprehensive assessment in past year but has one or more indicators listed above that has changed or was not previously assessed. Proceeding to comprehensive assessment.

Resident has had a comprehensive assessment in the past year and all of the above conditions were included in the assessment. Proceeding to review of pain plan of care.

Resident has no indicators for pain but has potential for pain/discomfort and has had a comprehensive assessment in the past year. Proceeding to care plan.

**Current Pain Interventions:** (medication and non-medication)

Efficacy and appropriateness:

Side effects observed:

Resident's pain management goals:

Analysis of current plan:

Signature of Nurse completing review:

Date

**Choose One:**

Resident has not had a comprehensive assessment in past year. Proceeding to comprehensive assessment.

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Resident has had a comprehensive assessment in the past year and all of the above conditions were included in the assessment. Proceeding to review of pain plan of care.

Resident has no indicators for pain but has potential for pain/discomfort and has had a comprehensive assessment in the past year. Proceeding to care plan.

**Current Pain Interventions:** (medication and non-medication)

Efficacy and appropriateness:

Side effects observed:

Resident's pain management goals:

Analysis of current plan:

Signature of Nurse completing review:

Date