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?
□ Almost constantly □ Frequently □ Occasionally
□ Rarely □ Unable to answer
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:*

	0	1-3	4-6	7-10
Now:	none	mild	moderate	severe
Worst it ever gets:	none	mild	moderate	severe
Best it gets:	none	mild	moderate	severe

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

Indicator *Write a 0 if the behavior was not observed and a 1 if the behavior occurred even briefly during activity.*	**With Move-Ment**
Vocal complaints –Non-verbal (Expression of pain, not in words moans, groans, grunts ,cries, gasps, sighs,	
Facial Grimaces, furrowed brow, narrowed eyes, tightened lips, jaw drop, clenched teeth	
Bracing-Clutching or holding on to side rails, bed, tray table or affected areas during movement	
Restlessness – constant or intermittent shifting of position, rocking, intermittent or constant hand motions, inability to keep still	
Rubbing: (massaging affected areas)	
Vocal complaints – Verbal (Words expressing discomfort of pain, "ouch" "that hurts"; cursing during movement or exclamations of protest: "stop", "that's enough".)	
Total	

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.*

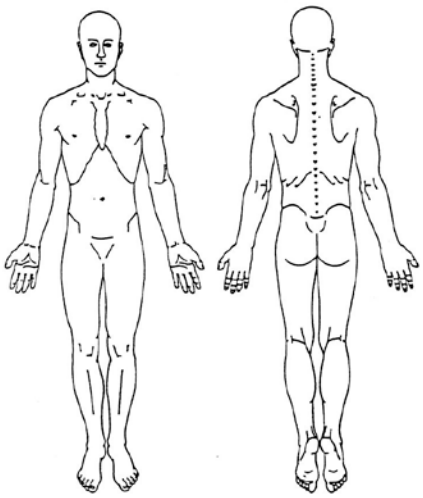
OBSERVE RESIDENT FOR FIVE MINUTES PRIOR TO SCORING

Indicator	*Score=0*	*Score=1*	*Score=2*	*Total score*
Breathing	Normal breathing	Occasional labored breathing short periods of labored breathing	Noisy labored breathing. Long periods of hyperventilation Cheyne-Stokes Respiration	
Negative Vocali-zations	None	Occasional moan/groan Low level speech with a negative or disapproving quality	Repeated troubled calling out Loud moaning or groaning Crying	
Facial Expression	Smiling or in-expressive	Sad, frightened frown	Facial grimace	
Body Language	Relaxed	Tense, distressed, pacing, fidgeting	Rigid, fist clenched. Knees pulled up. Striking out Pulling or pushing away	
Consol ability	No need to console	Distracted by voice or touch	Unable to console, distract or reassure	
			Total	

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
___ Bed mobility
___ Transfers
___ Toileting
___ Grooming
___ Dressing
___ Relationships with others
___ Sleep Disturbance
___ Mood/Behavior
___ Appetite change
___ Concentration
___ Other-Describe_____

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 <u>own words</u> ie 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:

Nurse **Date**

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**