Pain Identification/Review

Resident			_ Med Rec #			-		
complete Part I & II at eac	n review)			Date	Date	Date	Date	
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								
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	a out							
			II I					
disconnect during catting o	oral cares	•			I			
Signature		Date	Signature					
Signature		Date	Signature					
PART II								
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 comprehensive assessment in 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:								
Nurse completing review Resident ID				Date				
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Signature of Nurse completing review:	Date				
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Signature of Nurse completing review: