

Pain Pearls

Pain Assessments should include...

1. Location
2. Intensity
3. Nature

Pain Assessment

Pain Assessment	0-10
Pain Score	8
Wong-Baker FACES Scale (Reference)	
Simple Descriptive Pain Score	Severe pain
Pain Orientation	Right
Pain Location	Thigh
Pain Descriptors	Aching; Discom...
Clinical Progression	Not changed
Patient's Stated Pain Goal	No pain
Exacerbating Factors	Positional
Alleviating Factors	Medication; Pos...
Pain Type	Surgical pain
Pain Radiating Towards	N/A
Pain Frequency	Constant/contin...
Pain Onset	Ongoing
Effect of Pain on Daily Activities	
Pain Intervention(s)	Pain medication...
Response to Interventions	

All patients:

- assess pain every shift (Q8hrs) regardless of whether patient is experiencing pain or not

Patients receiving long acting or continuous pain intervention:

- Assess pain at least q4hr (ex. MS Contin, PCA/epidural, Fentanyl patch)

Patients receiving PRN analgesic:

- PRE dose assessment within 1 hour prior
- POST dose assessment within
 - 1 hr for oral pain meds
 - 30min for IV/SC pain meds

Prior to administration, ensure the medication indication matches the reason for use & that is reflected in your documentation

Nurses can document a patient's preference for taking a lower level of pain medication in the MAR flowsheet row

Patient Chose to Receive a Pain Med Ordered for Less Severe Pain

Patient is asleep at time of reassessment?

- Options include 1) Briefly wake the patient to ensure they are easily arousable
2) Allow patient to remain asleep while you observe their RR for a full minute

