

## ***Pain Assessment & Treatment Planning Worksheet***

**Date:** \_\_\_\_\_ **Admit Date:** \_\_\_\_\_ **MRN:** \_\_\_\_\_ **Primary Diagnosis:** \_\_\_\_\_

Pain delaying discharge? \_\_\_Yes \_\_\_No    Is the source of the pain known? \_\_\_Yes \_\_\_No

Pain Type(s): \_\_\_Acute \_\_\_Chronic    Pain interferes with ADLs or Rehab? \_\_\_Yes \_\_\_No

Pain Location: \_\_\_\_\_    Pain Description: \_\_\_\_\_

Pain Scale Used: \_\_\_\_\_    Is the scale a good choice for the patient? \_\_\_Yes \_\_\_No

Patient centered comfort goal: \_\_\_\_\_

### **Treatment of Pain at Home**

**Was pain being treated at home?** \_\_\_Yes \_\_\_No

*If no, skip to the back page*

Check all that apply:

- Opioids (e.g., Morphine, Dilaudid, Oxycodone, OxyContin, Fentanyl, Hydrocodone, Methadone, other \_\_\_\_\_ Dose/Day \_\_\_\_\_)
- Non-opioids (e.g., Tylenol or NSAIDs)
- Adjuvant medication (e.g., Gabapentin, Pregabalin, Duloxetine, Nortriptyline, Lidoderm)
- Herbal or nutritional supplements
- Physical approaches (e.g. exercise, heat/cold, OT/PT; massage, TENS, positioning)
- Cognitive approaches (e.g. education, distraction, relaxation techniques, reframing)
- Self-management (e.g. home remedies, alcohol, drug or sedative use, prayer, coping)

**Is this patient on opioids at home?** \_\_\_ Yes \_\_\_No *If yes, consider Pharmacy and/or Pain Service consult because this may indicate the patient is opioid tolerant and may require specialized pain management.*

**Is the patient currently ordered for their home dose of pain medications?** \_\_\_Yes \_\_\_No  
*If no, collaborate with MDs to determine why. If appropriate, resume home dose of pain medications and adjuvant therapies.*

## Current Hospital Pain Treatment Plan

### Scheduled pain medications: *(opioid and non-opioid)*

Med	Dose	Schedule	Amount per day ordered	Amount given past 24hours
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### PRN pain medications: *(opioid and non-opioid)*

Med	Dose	Schedule	Amount per day ordered	Amount given past 24hours
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**For each medication, compare the total amount per day ordered to the total amount given in the past 24 hours. Are they the same? \_\_\_ Yes \_\_\_ No**

*If yes, inform MD that patient continues with uncontrolled pain while receiving full dosing potential.*

*If no, consider administering medications to full dosing potential (if clinically reasonable).*

<u>Opioid doses over 24 hour period:</u>	<u>3 Days Ago</u>	<u>2 Days Ago</u>	<u>Yesterday</u>
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## Other Considerations

- Initiate pain discussion with multidisciplinary team, utilizing worksheet to articulate patient status and your recommendations.
- Collaborate with MD to consider dose adjustments by 25-50% or addition of another agent for multimodal therapy (more than one drug class).
- Consult Acute Pain, Chronic Pain or Palliative Care Service. If already consulted, make sure all recommendations are being followed. Call appropriate service with questions.
- Consider adjustments to non-drug treatment plan (e.g. cold/warm therapy, educate patient, reduce fear/anxiety, repositioning, meditation, individualized distraction, music ...)
- Other Resources: Pain CNS, Psychiatric CNS, Unit-based CNS, Psychiatry, Pet Therapy, Chaplaincy, and EED Portal Page .