

# PAIN FLOW RECORD

For monitoring pain until it is brought under control; see P & P for the Pain Flow Record

**Severity of Pain: 0. No Pain    2. Mild    4. Discomforting    6. Distressing    8. Horrible    10. Excruciating**

**Quality of Pain: A) Burning/Tingling/Gnawing (Neuropathic Pain)    B) Constant, dull, aching (Visceral Pain)  
 C) Pain on Movement (Incident Pain)    D) Sudden Throbbing Pain  
 E) Well localized/tender (bone/muscle pain)**

**Regular Pain Med:** \_\_\_\_\_

**Breakthrough Pain Med:** \_\_\_\_\_

Date													
Time of PreAssessment													
Pain Score: Pre													
Initials: Pre													
Regular Pain Med. Time													
Breakthrough Pain Med. Time													
Location of Pain													
Quality/Type of Pain													
Time of post Assessment													
Pain Score: Post													
Initials: Post													

**N.B. "PAIN IS WHATEVER THE PATIENT SAYS IT IS, EXISTING WHEREVER AND WHENEVER HE/SHE SAYS IT DOES."**

**Margo McCaffery**

## GUIDELINES FOR USE OF THE PAIN FLOW RECORD

1. A Pain Flow Record is initiated to ensure that those with identified pain are monitored and that pain is managed.
2. As much as possible, the person should be involved in using the Pain Flow Record.
3. The current Pain Flow Record is kept \_\_\_\_\_. Completed pages are filed in the \_\_\_\_\_ of the person's record.
4. Under "REGULAR PAIN MEDICATION" include any medication which would have an effect on the patient's pain, i.e.:  
adjuvants for neuropathic pain
5. Showing the person a pain-rating tool with a 0-10 scale, ask, "What number would you give your pain right now?" Persons who cannot relate to numbers may use the descriptive words on the tool. Staff should assign the appropriate number in recording. Using this question provides continuity for the patient and a more consistent basis for scoring of pain.
6. Complete the pain score using the key at the top of the flow record indicating preadministration pain level.
7. RNAO Best Practice Guidelines recommend reassessment of the pain score within one hour after administration of pain medication to monitor the effectiveness of the medication.
8. Indicate the time of use of the regular medication and/or breakthrough medication.
9. Indicate quality of pain per the key at the top of the flow record
10. Indicate location of pain, at the time of giving the pain medication
11. May discontinue use of this form on a regular basis when pain is stable using the following criteria, that is, for 3 consecutive days of pain rated at less than 4 and using 3 or less BTP doses/per 24 hours.
12. As a result of using this Pain Flow Record, notify the physician when:
  - ❖ More than 4 BTP doses are needed in a 24 hour period depending on the individual circumstances
  - ❖ The person consistently reports pain of  $\geq 4/10$  for 24 – 48 hours depending on individual circumstances
  - ❖ The person reports sudden onset of new pain