

Key for Pain Assessment Tool

Location of Pain:

As indicated, have the resident, or if necessary, you can place the letter “A” on the part of the body where the resident reports feeling pain. If the pain starts at a certain point then travels, you can indicate the direction and extent of the travel with an arrow. If it seems that there could be a second or third pain, then use the letters “B” and “C”.

Intensity:

The resident will be requested to answer the questions in the table as they relate to each identified pain. The preferred pain tool is 0-10. If the resident is finding this confusing or is unable to comply, then use the facial grimace scale as an objective measure.

Quality:

Go over each pain location to identify the appropriate descriptors from the list or if the resident has a different descriptive word, record this beside “other”. Indicate the letter that corresponds to the location of pain being described beside the descriptive words.

Effects of pain on activities of daily living (ADL's):

You want to find out if any of the pains identified in the “location of pain” and “intensity” section are affecting any of the activities of daily living listed. Tick “yes” or “no”.

If pain is causing a problem in any of the ADL's, indicate in the comments column which pain is causing the problem and in what way.

If pain were not causing a problem in the activity but the resident expresses a difficulty because of some other problem or symptom, you would tick no, but include a comment to elaborate.

It is also important to know if the resident feels that help is needed with any of the activities identified as a problem or if they are content to live with it. If the resident wants help, this would then suggest a need to refer to the appropriate person.

The following are some additional questions and/or points that you may find helpful when asking about the specific ADL areas. Also, included are possible *referrals to the professional(s), who are experts in the different areas.

1. Sleep and Rest:

Ask - How often do you wake in the night? How many nights of the week? What is a good or bad night? What position do you sleep in? Do you use any special positioning devices? Have you tried any in the past? Did they work?

*OT/PT/RN/DR/PC/SW

2. Social activities:

Includes leisure (hobbies), recreational activities, shopping.

*OT/SW/Volunteers.

3. Appetite:

Number and size of meals taken. Food preferences, snacks, an example of how each might help.

*Dietitian

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Guidelines for developing a pain management program, 2001; 3rd edition

4. Physical activity and mobility:

Moving in bed; transfers to bed, chair, toilet; stairs; walking; other exercise; sports; personal care; bathing, dressing, grooming, eating; medication management.

*OT/RN

5. Emotions:

Any change, as a result of the pain, and if so, is this significantly interfering with activities so that intervention would be helpful.

*SW/PC/Volunteer

6. Sexuality and intimacy:

Is the pain resulting in a significant reduction in desire for sexuality/intimacy or making the physical movement required too painful? In both cases, is this a concern for the resident?

*SW/PT/OT/RN/DR

Effects of pain on your quality of life:

This can be a very difficult subject to try to describe, which is why some descriptors have been included to assist the resident: happiness, contentment and fulfillment. Have the resident indicate which activity can no longer be done that is important to him/her. Ask how we can help.

Current Medications and usage:

Include all medications and how ordered; dose, times, number of tablets, how effective using 0-10 scale, regular or PRN, side effects.

Family Support:

This can be any person who is involved in the resident's life and is recognized by the resident as a "significant other".

Symptoms:

Have the resident identify from the listed symptoms which ones are affecting his/her quality of life. Check appropriate ones.

Behaviours:

Have the resident identify disturbing behaviours if possible and/or the assessor will identify and check exhibited behaviour(s).

Past pains:

Have the resident describe the pain incident and his/her coping methods.

Nursing pain diagnosis:

Considering all the information from the assessment, identify one or more pains. Assign the corresponding letter to relate them to the pains identified in the "Location of Pain" section.

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