

Communication Worksheet for Pain Management Orders

Pain Assessment for: _____ **Physician:** _____

Pain Diagnosis: _____ **Date:** _____

Location of Pain(s): _____

Check the descriptor: aching throbbing shooting stabbing sharp
burning gnawing dull tingling tender

Resident's behaviour: calling out restless resistant to movement not eating
pacing rocking not sleeping withdrawn

Intensity (0-10) circle the pain number: none 0 1 2 3 4 5 6 7 8 9 10 worst

Pattern: continuous intermittent new pain old pain

If a new pain, how long has it been present? _____

What makes it better ? _____ **worse?**

Impact on ADL's: _____ **Family support?** _____

Resident's perception of what is causing the pain: _____

Resident's goal for pain control:(numerical score)_____(activity)_____

Drug, dosage and total number of doses of all analgesic medications in the past 24 hours: (i.e. PRN, breakthrough and routine) (i.e. Tylenol #3®, Morphine [immediate release], MS contin® [long acting].)

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Drug, dosage and total number of doses of all adjuvant analgesic medications in the past 24 hours: (i.e. PRN, breakthrough and routine) (i.e. Naproxin®, Elavil®, Ativan®, Graval®, Tylenol® plain)

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Non-pharmacological interventions tried in the past: _____

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

Naprosyn is a registered trade mark of Syntex, Elavil is a registered trade mark of Merck Frosst, Ativan is a registered trade mark of Wyeth-Ayerst, Graval is a registered trade mark of Horner, Tylenol is a registered trade mark of McNeil Consumer Products.

Suggestions for changes in management: New meds/dosages/intervals:

_____ **discontinue:** _____

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Orders: _____

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