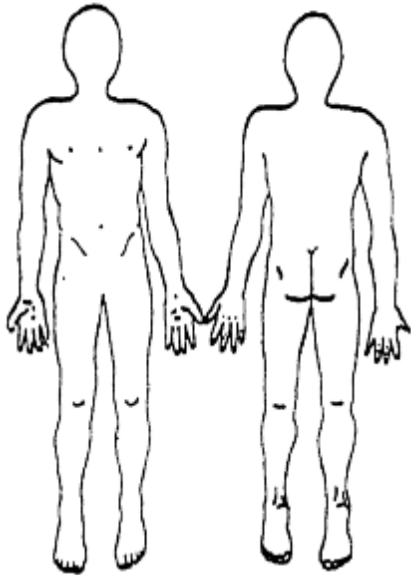


PAIN ASSESSMENT FLOW SHEET

(FOR ORAL & INTERMITTENT S.C INJECTIONS)

NAME: _____ PPS _____

Current Analgesics: _____



LOCATION: Use arrows to show if and where pain radiates. Use letters to identify all different pains.

PAIN SCALE: 0-None 2-Mild 4-Discomforting
6-Distressing 8-Horrible 10-Excruciating

Rate current level of pain before taking medication & 1 hour after taking the medication

QUALITY: Describe type of pain (e.g. ache, burn, sharp, etc.)

AGGRAVATING / ALLEVIATING FACTORS
(WHAT MAKES IT WORSE OR BETTER)

ASSOCIATED SYMPTOMS (nausea, anxiety, poor appetite, etc.)

Date Time							
Location of Pain							
Pain Scale Before med							
Post-med							
Quality: What does it feel like?							
Frequency: Continuous or Intermittent?							
Aggravating & Alleviating Factors							
Associated Symptoms							
Signature							

