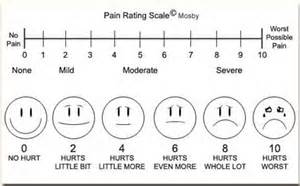
**Pain Assessment**

|  |
| --- |
| **Onset** (ask the patient to describe when the pain began) |
| **Location (**where does it hurt) |
| **Duration (**how long has the pain been going on for) |
| **Characterisitcs (**patient’s description about the pain using the tools on p. …….) |
| **Aggravating Factors (**what makes the pain worse, or causes pain) |
| **Relieving Factors (**what has the patient done to relieve the pain) |
| **Treatment (**what can the patient and Health care professional do to relieve the pain) |
| **Impact on Activities of daily living,** such as sleep, activities, |
| **Coping strategies** |
| **Emotional response** |

**Body Map**

**Words to describe pain**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Throbbing | Frightful | Cutting | Annoying | Burning |
| Unbearable | Stinging | Radiating | Aching | Nauseating |
| Tiring | Stabbing | Blinding | Crushing | Intense |
| Smarting | Penetrating | Hurting | Nagging | Splitting |
| Shooting | Vicious | Gnawing | Miserable | Searing |
| Spreading | Dull | Piercing | Tender | Torturing |
| Comfortable | Pain free | Coping | Relaxed | Happy |
| Active – indoors | Content | Active -outdoors |  |  |



Chronic/Acute/Acute on Chronic

*(circle as appropriate)*

**CARE PLAN**

On intranet, under locality documents, DN clinical documentation, TV Documentation pack, Wound documentation packs, pain assessment, pain assessment and management information sheetPain folder on intranet and G drive, which will include Abbey pain scale form for patients who have dementia

**Presenting problem**

…………………….has pain …………………………….

**Desired outcome**

For …………………..to state that their pain is within an acceptable level for them.

Their optimum pain level is………………………..

**Management plan**

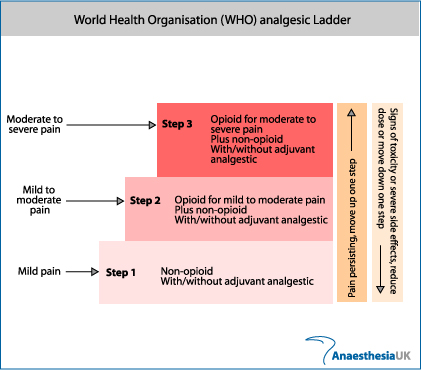
1. Discuss with ………………………….the assessment results
2. Identify if and what analgesia is being used including over the counter remedies (OTC).
3. Discuss effective pain relief.
4. Confirm that the patient is taking the medication as prescribed and liase with the GP. Use WHO analgesia ladder to step up and down with their analgesia.
5. Reassess pain at each visit using the tools on page 2 of the assessment
6. Observe…………………….for verbal and non-verbal signs of pain. If not able to verbalise this, use Abbey pain scale (which is located in the locality documents).
7. Identify effective pain relieving strategies.
8. Take a multi-disciplinary team approach if pain is not responding to management plan.

1. Consider a referral to a specialist service, ie Tissue Viability, podiatry, vascular, pain clinic, palliative care team, physiotherapist, occupational therapist.

|  |  |  |
| --- | --- | --- |
| **Date** | **Actions needed to implement pain management plan.** | **Actions achieved** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**WHO Analgesia ladder**

Pain assessment to be included on p 6 and 7 of the District Nursing Assessment, after assessment for skin condition and before the Patient handling risk assessment.

**Figure of WHO analgesic ladder  
  
**

