

*From Comprehensive nursing*

**ASSESSMENT**

**PAIN ASSESSMENT / STATUS:**

Do you have pain now?  Yes;  No

Have you had pain in the last several weeks or months?  Yes;  No

What causes or increases your pain?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What relieves your pain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have personal, cultural, spiritual or ethnic beliefs about pain?  No;  Yes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient rights & education:**

handout given and / or verbal review of pain management.

Patient and/or family unable to participate in pain management related to patient condition and / or unavailability of family members.

Location(s) of Pain: 1. \_\_\_\_\_;  
2. \_\_\_\_\_; 3. \_\_\_\_\_

Does pain radiate?  Yes;  No

Where does pain radiate to? \_\_\_\_\_

Pain intensity (0 - 10 or smile to crying): \_\_\_\_\_

Onset of pain (time / activity): \_\_\_\_\_

Quality of pain:  burning;  squeezing;  tightness;  crushing;  
 heavy;  sharp;  dull;  stabbing;  cramping;  searing/burning;  
 ache;  throb;  other: \_\_\_\_\_

Duration:  intermittent;  constant

Effects of Pain:  on daily life \_\_\_\_\_

physical activity:  decreased;  unaffected

sleep:  insomnia;  somnulent;  unaffected

appetite:  decreased;  unaffected;  increased

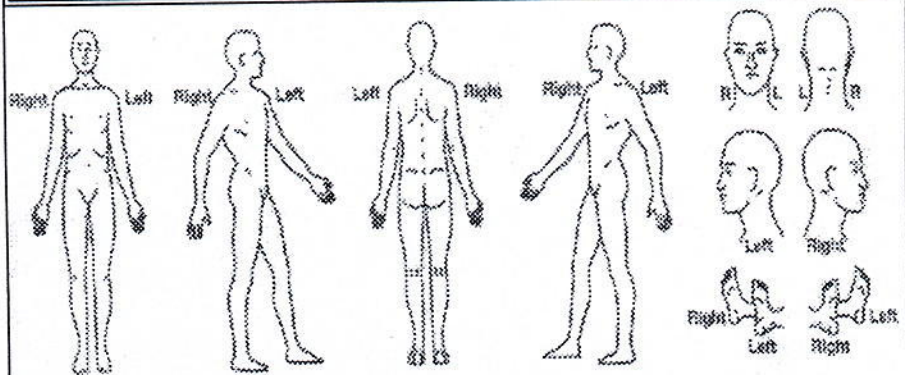
emotions:  tearful;  sad;  angry;  unaffected

concentration:  decreased;  unaffected

relationships with others:  strained;  unaffected

Patient pain goal (include intensity & goals related to function, activity, and quality of life): \_\_\_\_\_

Observation of pain site(s):  no visible abnormalities;  
 other: \_\_\_\_\_



**FALL - ELOPEMENT - SAFETY ASSESSMENT**

**CALL LIGHT IN REACH**

History of Falls?  Yes;  No; Unsteady Gait?  Yes;  No;  N/A; Requires assistance?  Yes;  No

Impaired cognitive function? (confused, impulsive, disoriented)  Yes;  No

History of Wandering Behavior?  Yes;  No

History of CVA, parkinson's, loss of limbs, fractures, vertigo, seizures, arthritis, osteoporosis, hypotension?  Yes;  No

Drug Therapy (antidepressants, antipsychotics)?  Yes;  No

**YES to 1 requires implementation of fall - safety precautions.**

**Precautions implemented:**

bed-check alarm;  chair wedge;  assistive devices;  toileting schedule;  TAB alarm;  diversional activity;  
 clip call light to gown;  wander-guard;  patient education to call for assist;  Other: \_\_\_\_\_