PAIN ASSESSMENT GUIDE

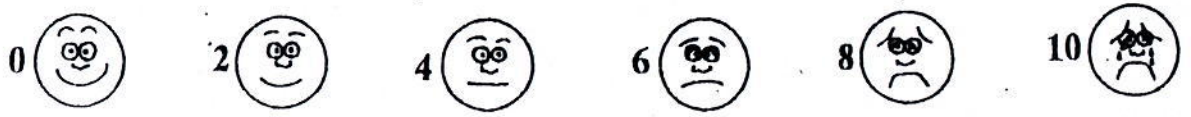
ATTICA LONG TERM CARE

RESIDENT _____ **Doctor** _____ **Analgesic Ordered** _____ **Routine** ___ **PRN** __

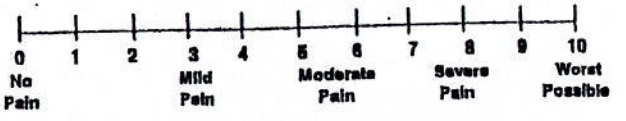
Antidepressant _____ **Anticonvulsant** _____ **NSAID** _____ **Laxative** _____

(1) Administer routine med around the clock, wake Resd. up if scheduled.
(2) If score is 6 or 7 after 1 hr. - need to add new med or increase dose.
(3) Do not D/C one analgesic to alleviate pain-always increase dose or add new med.
(4) If unable to provide adequate pain relief - may request Hospice referral.
(5) If score is 5 or higher Federal Law states you **must treat immediately.**

(6) If on long acting analgesics - should have order for short acting break through pain med.
(7) There should be one ***Non-Drug intervention for every drug intervention. "Relief" is Resd's perception of relief. "Tolerance" is a physiologic state resulting from regular use of a drug, in which increased dosage is needed to produce the same effect, or a reduced effect is observed with a constan dose.



0-10 Numeric Pain Intensity Scale



*Words To Describe Pain: Ache, Burning, Deep, Dull, Exhausting, Gnawing, Miserable, Nagging, Numb, Penetrating, Radiating, Sharp, Shooting, Stabbing, Tender, Throbbing, Tingling, Unbearable.

**Other Symptoms: Nausea/Vomiting, Urinary Retention, Constipation, Pruritus, Sedation. ***Non-Drug Intervention: Heat, Cold, Position, Massage, Distraction, Relaxation, Imagery.

Date/Time	Pain Location	Score 0-10	*Description	Duration	What Relieves?	**Other Sx. ?	Score 30 min. after med	Score 1 hr after med