Pleasantview

PAIN MONITORING SHEET

PAIN SCALE 0-10	OBSERVATION CODES:			RESULTS CODE:	SEDATION LEVEL:	SIDE EFFECTS:
	A - Anxious	F - Pacing	K - Isolation		0 - Alert	C - Constipation
0 = No pain	B - Agitated, restless	G - Grimace	L - Withdrawn	0 - No pain present	1 - Awake	N - Nausea
	C - Confused	H - Sleep disturbance	M - VS changes	1 - Improved	2 - Drowsy, dozing	V - Vomiting
10 = Severe pain	D - Hold/rub body part	I - Decreased appetite	N - Others	2 - No improvement	3 - Responds stimulation only	R - Resp depression
	E - Crying/screaming	J - ADL decline			4 - Does not respond	S - Sedation

Date	Time	Initial	Location of Pain	Scale by Res	Scale by Nurse	Obser-vation	Mediction Dose / Route	Results by Res	Results by Nurse	Time	Sedation	Side Effects	Initials

Initials	Signatures	Initails	Signatures	Initials	Signatures	Initials	Signatues

Resident_____ Month_____ Room_____ Bed_____ Physician_____