

## Pain Assessment Instructions

### **Pain Screening: Complete this section as part of the admissions process**

#### **Overall Objectives**

- To determine whether pain is present not or had been present in the last 5 days
- To determine necessary monitoring

#### **Pain related diagnoses (check all that apply)**

Review the list of pain-related diagnoses against the information provided by the sending or referral source (e.g. hospital transfer form, etc.). Check all that apply and add information as necessary.

**Note any pain-related diagnoses**, and ask the resident the next two questions using those diagnoses as a guide. For example, "I see that you have *arthritis*. Tell me if that causes you any discomfort or affects your ability to do what you want to do."

1. *Do you have any pain or hurting anywhere now?*

- Whether yes or no, go on to question 2.

2. *Have you had any pain or hurting in the last 5 days?*

- If "yes," to either, initiate a pain monitoring schedule
- If "no," to both questions, and there are no pain-related diagnoses checked pain monitoring may not be necessary. Use your clinical judgment to determine if it is necessary to initiate a pain monitoring schedule.

Sign and date the form.

### **Comprehensive Pain Assessment: Complete this section with the Admission assessment and as an option with each assessment based on resident needs and changes**

#### **Overall Objectives**

- To evaluate the effectiveness of a resident's pain management plan since their admission or last assessment
- To complete a complete a comprehensive assessment of critical pain factors
- To determine a person-centered pain management goal

#### **Section I. Staff assessment of pain monitoring data**

Begin by reviewing all pain monitoring data (MAR, PRN sheet, staff observations, resident self-report, etc.) available for this resident and document your findings here. Use the data to inform your clinical judgment about the effectiveness of the current pain management plan for this resident.

#### **Section II. Pain assessment interview**

The pain assessment interview begins by repeating the initial screening questions, as the resident's pain issues may have changed since admission. You must attempt these questions with the resident and/or the resident's representative.

1. *Do you have any pain or hurting anywhere now?*
    - Whether yes or no, go on to question 2.
  2. *Have you had any pain or hurting in the last 5 days?*
    - If “yes,” go to question 3.
    - If “no,” go to Section III, Staff observations for pain, and complete the section.
      - If none of these signs is observed, go to Section IV, Resident and staff goal(s) for pain management. Add other comments, sign and date the form, and update the care plan with any new information as needed.
      - If one or more signs are observed, note this, then go to Section IV, Resident and staff goal(s) for pain management. Add other comments, sign and date the form, continue monitoring and treating pain as needed; update care plan.
  3. *When you have pain, where is it?*
    - Check all that apply.
  4. *Tell me what the pain feels like.*
    - Check all that apply. If none of the words provided describes the pain, ask resident and document the resident’s actual words in “Other.” Indicate whether the pain radiates or is localized by circling “R” or “L.”
  5. *How would you rate the intensity of your pain during the last 5 days?*
    - Based on the resident’s preferred pain scale, indicate the resident’s rating for the pain he or she is experiencing now or during past 5 days.
  6. *How much of the time have you experienced pain or hurting since your admission or the last time we talked about pain?*
    - Ask the resident to think back over the time interval and tell you how much of that time he or she was in pain.
  7. *When you have pain, when is it worst?*
    - Ask the resident whether he or she notices that pain is worse during different parts of the day and document the time.
  8. *How does your pain affect your everyday life?*
    - Check all that apply. Ask whether pain has other effects that were not mentioned and document them after “Other.”
  9. *What medications have relieved your pain in the past?*
    - Ask the resident what prescription and over-the-counter drugs have been helpful in managing their pain. Note whether these are the same or different from the medications they are currently using.
  10. *What nondrug approaches make your pain better?*
    - Ask the resident what nondrug approaches have relieved their pain. Check all that apply. Ask whether any other approaches make their pain better and document them after “Other.”
  11. *What makes your pain worse?*
    - Ask the resident what makes their pain worse. Check all that apply. Ask whether other factors make their pain worse and document them after “Other.”
  12. *Since your admission, how well has your pain been managed?*
    - Determine whether pain treatment is aligned with goal, timely, and effective.
  13. *What is your goal for pain control in terms of function?*
    - Check all that apply. Give examples if necessary: “Sleep for 4–5 hours at a stretch”; “Be able to visit with family and friends.”
- What is your goal for controlling the intensity of your pain?*
- Based on the same pain scale used for question 4, ask what the resident’s goal is for managing the intensity of his or her pain.

### **III. Staff observations for pain**

Complete this section for all residents. Use the categories to inform your clinical judgment about whether or not pain is present for residents who are nonresponsive or who deny pain. Consider utilizing a non-verbal assessment tool such as the PainAD tool.

### **IV. Resident and staff goal(s) for pain management**

Complete this section. Update the care plan.

### **V. Pain assessment interview attempted but not completed**

If the resident is rarely or never understood or is nonresponsive, and if a family member or other representative is not available, check the applicable box, then go to Section VI.

### **VI. Pain management goal for nonverbal resident**

Check the appropriate box for who determined the pain management goal.

Complete this section, then sign and date the form. Update the care plan.

### **VII. Education**

Complete pain education provided; document date provided and by whom.

Jointly developed by Acentra Health and Haffenreffer & Associates; with support from the Oregon Pain Management Commission.

This material was prepared by Acentra Health, Oregon's Medicare Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

8SOW-OR-NH-07-33  
10/29/07