

Resource: Hospice Initial Pain Assessment

Patient Name _____ Date _____

No pain reported

Person reporting pain: Patient Patient's caregiver Other

Intensity of the patient's pain: Using the assessment tool below, document the patient's pain for each site in the chart. For reference, mark each pain site by letter (A, B, C) on the Pain Site Identification drawings on page 57.

	0	1	2	3	4	5	6	7	8	9	10	
	No pain			Moderate pain				Severe pain				
Description	Site A			Site B			Site C					
Intensity at present												
Worst pain												
Best pain												
Tolerable level												
Duration 0,1,2,3*												
When did pain start?												
Any patterns to the pain?												
Patient's description of the pain	<input type="checkbox"/> Sharp	<input type="checkbox"/> Sharp	<input type="checkbox"/> Sharp									
	<input type="checkbox"/> Dull	<input type="checkbox"/> Dull	<input type="checkbox"/> Dull									
	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Stabbing									
	<input type="checkbox"/> Throbbing	<input type="checkbox"/> Throbbing	<input type="checkbox"/> Throbbing									
	<input type="checkbox"/> Aching	<input type="checkbox"/> Aching	<input type="checkbox"/> Aching									
	<input type="checkbox"/> Burning	<input type="checkbox"/> Burning	<input type="checkbox"/> Burning									
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other									
Acute pain, chronic pain, or both												
Somatic, visceral, or neuropathic												
Other type of pain												

Resource: Hospice Initial Pain Assessment (cont'd)

Description	Site A	Site B	Site C
Effects of pain	<input type="checkbox"/> Appetite, physical activity <input type="checkbox"/> Emotions, relationships <input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> Appetite, physical activity <input type="checkbox"/> Emotions, relationships <input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> Appetite, physical activity <input type="checkbox"/> Emotions, relationships <input type="checkbox"/> Sleep disturbance

Decreased quality of life

*Duration scale: 0=no pain; 1=pain less often than daily; 2=pain daily, not constantly, controlled with interventions; 3=pain all the time.

Manner in which the patient expresses pain:

Patient's goal for pain control:

Physical exam of pain site:

Current pain medications:

Venous access line present?

Resource: Hospice Initial Pain Assessment (cont'd)

Problem:

Teaching/Intervention(s):

Goal/Outcome:

Pain Site Identification

