Resource: Hospice Initial Pain Assessment

Patient Name					Date					
No pain reported										
Person rep	orting pa	in: 🗖	Patien	t 🗆	□ Patient's caregiver □ Ot				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				
Descripti	on		Site	Α	S	ite B		Site	C	
Intensity at	t present									
Worst pain										
Best pain										
Tolerable level										
Duration 0,1,2,3*										
When did pain start?										
Any patterns to the pain?										
Patient's d	l 🗆	Sharp		Sharp		Sharp				
of the pain				Dull		Dull				
			Stabbing Throbbing		Stabbing		Stabbing Throbbing			
			Aching		Throbbing Aching		Aching			
			Burning		Burning			Burning		
			Other		🖵 Oth	er		Other		
Acute pain pain, or bo										
Somatic, v neuropathi	-	ſ								
Other type	of pain									

Resource: Hospice Initial Pain Assessment *(cont'd)*

Description	Site A	Site B	Site C
Effects of pain	Appetite,	Appetite,	Appetite,
	physical activity	physical activity	physical activity
	Emotions,	Emotions,	Emotions,
	relationships	relationships	relationships
	Sleep	Sleep	Sleep
	disturbance	disturbance	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?

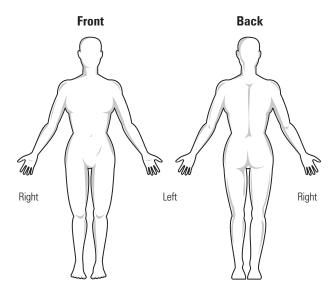
Resource: Hospice Initial Pain Assessment (cont'd)

Problem:

Teaching/Intervention(s):

Goal/Outcome:

Pain Site Identification



Adapted from Miller KE, Miller MM, Jolley MR. Challenges in pain management at the end of life. *Am Fam Physician*. 2001;64(7):1227-1234.