

Pain Review Tool

Pain problem list: _____

Previous Interventions and Outcomes: _____

Check relevant complexities as they relate to pain:

- Cognitive Impairment
- Resists care
- Prior injury
- Arthritis/DJD
- Contracture(s)
- Neurological deficits
- Abnormal posture
- Depression
- Skin integrity

Most Likely Cause of Pain: _____

Pain Description

Pattern: Constant Intermittent

Duration: _____

Location: _____

Character: Burning Stinging Shooting Tingling

Other Descriptors: _____

Intensity @ present: ____/10 unable to grade
 Worst Pain in last 24 hours : ____/10 unable to grade

Other pain measures: n/a

____/10 Wong Baker Facial Grimace Scale
 ____/10 PAINAD ____% Oswesty
 ____/144 Articular Index of Doyle for Osteoarthritis

Exacerbating Factors:

- Movement
- Immobility
- Weight Bearing
- Activity
- Noise
- Light
- Temperature
- Position
- Dietary
- Mood
- Other: _____

Relieving Factors: Heat Ice Rest oral analgesic topical analgesic other: _____

Impact on Life Activities (✓ all that apply)

<input type="checkbox"/>	Sleep Quality
<input type="checkbox"/>	Gait
<input type="checkbox"/>	Transfers/Mobility
<input type="checkbox"/>	Self Care
<input type="checkbox"/>	Activity participation
<input type="checkbox"/>	Socialization
<input type="checkbox"/>	Eating
<input type="checkbox"/>	Bowel Habits
<input type="checkbox"/>	Difficulty using hands/arms
<input type="checkbox"/>	Difficulty with nursing care

Plan

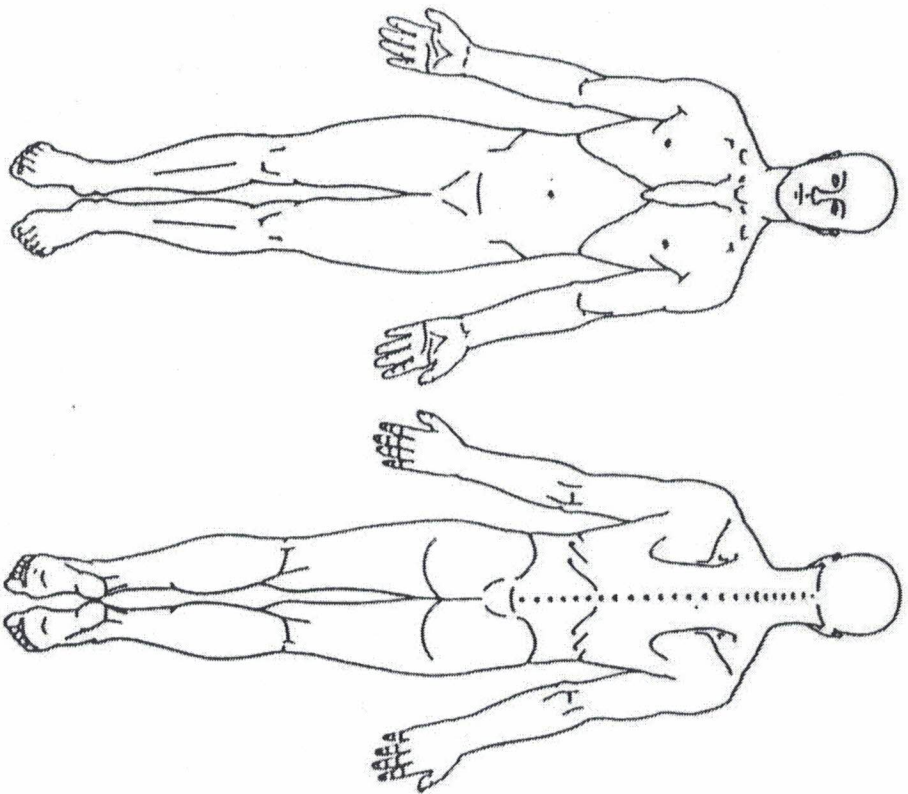
- ROM program ____ days/wk with (Nursing care Restorative Family Self)
 - Positioning Program Orthotics
 - Modalities: _____ Cryotherapy
 - Walking Program Exercise program Manual techniques Massage
 - Paraffin bath Whirlpool Contrast bath Fluidotherapy
 - Request pharmacy/nursing review medications/schedule
 - Cognitive Assessment with staff training on recommended care interventions
 - Other: _____
- Resident/Caregiver training:** Home Ex. Program Positioning Skin protection Joint protection
- Work Simplification Energy conservation
- other

Patient response to interventions:

Therapist _____ Resident _____ Date: ____/____/____

Instructions:

On the body diagram below, please indicate where your pain is located at the present time.



Indicate on the line below how you would describe your present pain by placing a mark on the line between the two extremes of experiencing no pain at all and experiencing the worst pain you have ever felt.

