

Pain Assessment Elements

ASSESS FOR THE FOLLOWING:

1. Origin
2. Onset
3. Location
4. Radiation to
5. Description of pain (dull, throbbing, sharp)
6. Frequency (continuous, intermittent)
7. Cause
8. Coping
9. Exacerbated by
10. Relieved by
11. Activity
12. Medications/compliance
13. Intensity scale 0-10: pain management of pain rating of 4 or over
14. Education
15. Alternative: deep breathing, massage, heat/cold, exercise, ultrasound

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? QUESTIONS TO ASK WHEN DOING CHART AUDITS:

1. At SOC/ROC/every visit did pain assessment include: intensity level, cause, type, location, medication compliance, frequency of pain, precipitating and associative factors, measures the patient utilizes for pain relief, and effectiveness of these measures?
2. If pain rated a 4 or greater, were any pharmacologic measures for pain management utilized?
3. Were non-pharmacologic/alternative pain relief measures taught (relaxation techniques, deep breathing, massage, imagery, heat, cold, physical therapy exercises)?
4. Was the patient instructed on medications being used for pain control?
5. Was the patient taught to evaluate the effectiveness of pain control measures?
6. If pain was 4 or greater, was it reported to the physician the same day?
7. If pain was 4 or greater, was change in pain management requested from the physician?
8. Did the home health aide care plan include instructions for RN notification if the patient experiences pain during aide visits that is not adequately relieved with pain control measures?

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