

PAIN ASSESSMENT FLOWSHEET

Purpose: To evaluate the safety and effectiveness of analgesics.

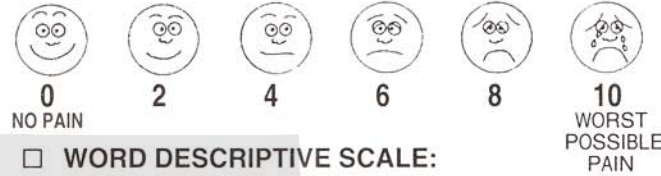
Pain Rating: A number of different scales may be used, but once one has been chosen, it should be the same one used each time.

Pain Rating Scale Used:

0-10 PAIN RATINGS SCALE:



FACES PAIN RATINGS SCALE



OTHER

NON-VERBAL SCALE:

- A = No signs of pain. Relaxed, calm expression.
- B = Least pain. Stressed. Tense expressions.
- C = Mild pain. Guarded movement, grimacing.

- D = Moderate pain. Moaning, restless.
- E = Excruciating. Increased intensity of above behavior. Perspiration on upper lip/body.

WORD DESCRIPTIVE SCALE:



DATE / TIME	PRE-ANALGESIA PAIN RATING	LOCATION OF PAIN	ANALGESICS	DATE / TIME	POST-ANALGESIA PAIN RATING	SEDATION LEVEL	NON-PHARMACOLOGICAL INTERVENTIONS <small>(See Legend Below and circle the Appropriate Interventions)</small>								SIGNATURE
							1	2	3	4	5	6	7	8	
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Resident: _____
 Facility: _____

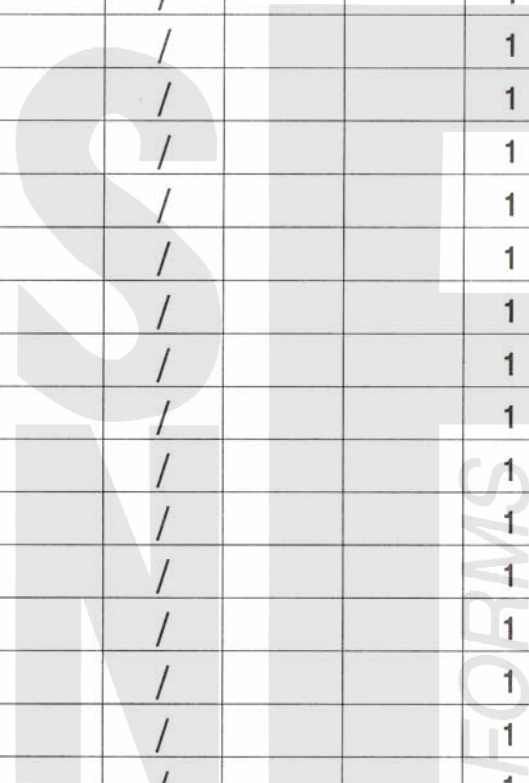
SEDATION LEVEL:

1. Alert	2. Occasional drowsy, easy to arouse	3. Frequently drowsy, arousable	4. Minimal or no response to stimuli
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NON-PHARMACOLOGICAL INTERVENTIONS:

1. Repositioning	5. Distraction
2. Dim Light/Quiet Environment	6. Music
3. Hot/Cold Applications	7. Massage
4. Relaxation Techniques	8. Other _____

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