Pain assessment and Monitoring

PAIN ASSESSMENT & MANAGEMENT CHART

Pain reassessment protocol - Monitoring of pain score every half an hour till the pain is relieved (Mild pain)

If patient is on opioids/narcotics, monitoring of vitals and pain score every hour till pain subsides.

Suggestive Age group:
Adult Conscious > 12 yrs Numeric Rating Scale (NRS)

Wong and Baker Facial Scale: Suggested Age Group : Pediatric Conscious 2 yrs - 12 yrs / Cognitively impaired adult

PIPPS (28 weeks to ≤ 38 weeks)

6 or less = Minimal to no pain
7-12 = Mild pain -Provide comfort measures
>12 = Moderate to severe pain - Pharmacological interventions

CRIES (38 weeks - 2 months)

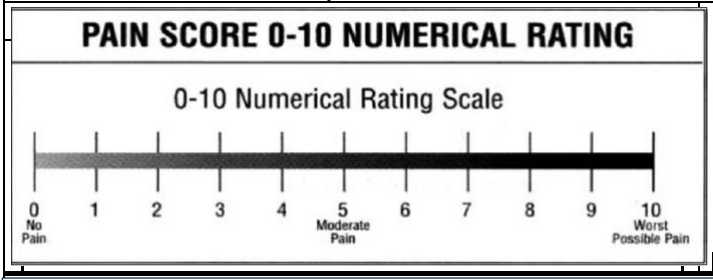
The CRIES scale is used for infants > or = 38 weeks
Maximal score of 10 is possible. If the CRIES score is >4. further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher

FLACC Scale (2 months - 7 yrs)

0 - Relaxed & Comfortable
1-3 - Mild Discomfort
4-6 - Moderate discomfort
7-10 - Severe Discomfort/Pain/Both

Critical Care Pain Observation Tool (CPOT)

(Ventilator/Comatose)
Facial Expression - 0 Relaxed, Neutral, 1 - Tense, 2 - Grimacing
Body Movement - 0 Absence of movement or Normal position, 1 - Protection, 2 - Restlessness/ Agitation
Compliance with ventilation (Intubated patients) - 0 - Tolerating Ventilator/Movement, 1 - Coughing but tolerating, 2 - Fighting ventilator
Vocalization (Non-intubated patients) - 0 - Talking on normal tone or no sound, 1 - sighing/Moaning, 2 - Crying out, Sobbing
Muscle Tension - 0 - Relaxed, 1 - Tense/ Rigid, 2 - Very tense, Rigid
Total Score - 0 - 2 - no pain, 3-4 - Moderate Pain, 5-8 - Severe Pain



Pain Assessment: Tool Being Used☐ Numeric Rating Scale☐ Wong Baker Face Pain Rating Scale☐

Date															
OBSERVATIONS Shift	**M**	**E**	**N**	**M**	**E**	**N**	**M**	**E**	**N**	**M**	**E**	**N**	**M**	**E**	**N**
Pain Score															
Location															
Quality of Pain															
Aching															
Burning															
Crushing															
Dull Pain															
Sharp/Stabbing pain															
Tingling															
Throbbing and Radiating Pain															
Others															
SIGNS AND SYMPTOMS															
Nausea															
Vomiting															
Tachypnea															
Tachycardia															
Diaphoresis															
Constipation															
Itching															
Urinary retention															
Others															
NURSING INTERVENTIONS															
Comfortable bed /position															
Gentle Passage/non pharmacological therapy as indicated															
Reassurance															
Analgesics															
Education on guided imagery/relaxation techniques /physical therapy															
Information to doctor															
Reassess the pain															
Any other care															
Special Observations /Notes (Triggering Factors or reducing factors or other															
Employee ID of the Nurse															

Signature of the Nurse															

Disclaimer

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