

PAIN ASSESSMENT TOOL


Resident Name & Room # _____


Date & Time Reported: _____


Location of Pain: _____


Nursing: Place Tool in Back of Nurses Note Book


Behavior Category	No Pain (0)	Mild (1-3)	Moderate (4-7)	Severe (8-10)
Facial	Neutral / Smiling	Wrinkled Brow / Frowning / Scowling / Grimacing	Glazed Eyes / Clenched Teeth	Tightly shut lips / Tearing / Full-Cry Expression
Body Movement	Calm, Relaxed	Restless / Fidgeting / Pacing / Altered Gait / Increased hand & finger movements / Hand wringing	Rubbing body parts / Knees pulled up / Clenched fists / Moderate Agitation / Rocking	Pounding / Striking out at others / Threatening Gestures / Thrashing / Flailing / Constant Agitation / Refuses to move
Sleep	Sleeping Quietly with easy respirations	Restless while Asleep	Sleeps intermittently (sleep / awake)	Unable to sleep
Verbal / Vocal	No verbalization / Quiet	Whimpering / Moaning softly	Grunting / Crying / Moaning loudly / Irritability	Gasping / Cursing / Strenuous or Altered Breathing / Screaming
Response to Movement	Moves Easily	Winces when touched / Repositioned	Cries out when touched / Repositioned	Screams / Strikes out when Touched / Repositioned



0 No Pain


2 Mild


4 Moderate


6 Moderate - Severe


8 Severe


10 Worst Possible

Alternate Interventions Attempted and Time: _____

Ambulation
Distraction
Relaxation

Application of **Cold / Heat**
Massage
Visiting

Bathing
Positioning
Other:

Pain level after Interventions & Time: _____

11/11/03 Forms:Excel:Pain Assessment Tool - LTC

The Rights of Patients With Pain

A Bill of Rights for People with Pain

1. I have the right to have my reports of pain accepted and acted on by health care professionals
2. I have the right to have my pain controlled, no matter what its cause or how severe it may be.
3. I have the right to be treated with respect at all times. When I need medication for pain, I should not be treated like a drug abuser.

For Use by QA	Was 0-10 scale used on PRN sheet?	Follow-up documented within 60 minutes of giving PRN
Time Pain Med / Intervention given _____	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Time from request to intervention _____		