

Daily Pain Assessment Chart

Name: I.C. No.:

NURSES' ASSESSMENT OF PATIENT'S RESPONSE TO PAIN MEDICATION

1.	During the past 4 weeks, how much pain interfere with the following:						
	<i>Please tick one number on each line.</i>						
	a.	Your mood	[] Cheerful	[] Sad	[] Neutral		
			Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
	b.	Your ability to walk or move about	[] 1	[] 2	[] 3	[] 4	[] 5
	c.	Your sleep	[] 1	[] 2	[] 3	[] 4	[] 5
	d.	Your normal work (including both work outside the home and housework)	[] 1	[] 2	[] 3	[] 4	[] 5
e.	Your recreational activities	[] 1	[] 2	[] 3	[] 4	[] 5	
f.	Your enjoyment of life	[] 1	[] 2	[] 3	[] 4	[] 5	

NAME OF NURSE (Initial)																			
DATE																			
TIME																			
A	Patient is laughing or smiling																		
B	Patient is not smiling but does not appear withdrawn/disinterested																		
C	Patients appears withdrawn and unwilling to talk																		
D	Patient has a pained facial expression																		
E	Patient is writhing or screaming																		
F	Has patient taken the pain medication? (Y/N) ***																		

*** If the answer is no (N), please state the reason in in-patient record.

NOTE: If you have ticked B to E, inform the doctor.

PATIENT'S RESPONSE TO PAIN MEDICATION

DATE:																			
TIME:																			
NO PAIN	0																		
MILD PAIN	1																		
	2																		
	3																		
	4																		
MODERATE PAIN	5																		
	6																		
	7																		
SEVERE PAIN	8																		
	9																		
WORST PAIN	10																		

1. Daily pain chart score recording onto this chart – to do once daily or more times when required.

2. File into RT Note upon patient's discharge.

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