

# Pain

**Pain Assessment** is a formal process in which the healthcare provider asks the patient to rate his or her pain using a standardized validated tool and uses their skill of interview and observation to assess pain. Pain is assessed and rated by the patient at every visit and outcomes are based on ratings from SOC/ROC to D/C.

## PAIN ASSESSMENT

### M1242

#### Frequency of pain interfering with movement

- 0 - Pt has no pain
- 1 - Pt has pain that does not interfere with activity or movement
- 2 - Less often than daily
- 3 - Daily but not constantly
- 4 - All the time

#### TIME PERIOD

- Day of assessment and **recent pertinent past**

#### GUIDELINES FOR ACCURATE ASSESSMENT

- Ask the patient if they have any aches, stiffness, discomfort or tightness not just “pain”
- Question how often is pain/discomfort interfering with activity
- Patient can be on pain medication and still have pain/discomfort – ask about breakthrough pain, ask about pain when meds are due how do they feel then? – even with a great pain regime most people will not have 100% relief
- Score from the bottom up - use interview and **observation**
- Score patient prior to your teaching/interventions
- Assess the patient when moving – do they move like they are in pain?
- Do not overlook activities such as sleeping – are they waking up/not falling asleep due to pain/discomfort
- If patient restricts activities to avoid pain = interference. If so find out how often patient would usually perform that activity
- Avoidance is considered interference of that activity

#### **Pain does not always have to stop an activity- it may:**

- Take longer to complete
- Result in activity being performed less often
- Require patient to have additional help

#### GOAL OF PAIN ASSESSMENT

- The goal of pain assessment is to determine if the patient is experiencing pain/discomfort or achiness that is interfering with movement
- Develop interventions to decrease pain
- Implement pain interventions
- Reassess pain to determine effectiveness of interventions

**The ultimate goal for patients experiencing pain is to alleviate or at minimum decrease the intensity and frequency of the pain**

## **Pain Assessment SOC/ROC**

- Does the patient have a diagnosis that you would expect would cause pain i.e. osteoarthritis, recent fracture, surgery, neuropathy?
- Is the patient on prescription pain medications?
- Did the patient recently change, stop or add pain medication?
- Has the patient stopped doing an activity in the recent past due to pain?
- What alleviates the pain?
- What makes the pain worse?
- Is the patient using heat or ice for pain conditions?

### **Narrate the Care with Language Related to the HHCAHPS Survey**

- I will be talking with you **about your pain.**
- I will be treating you as **gently** as possible.
- I will be **explaining things in a way that is easy to understand.**
- I will be **listening carefully** to you.
- I will be treating you with **courtesy and respect.**
- I will be talking with you about **when** to take your pain medicine.
- I will be talking with you about the **side effects** of these pain medicines

**\*\*\*Administer the Pain rating scale every visit\*\*\***