

<b>OASIS ITEM</b>
<p><b>(M1240)</b> Has this patient had a formal <b>Pain Assessment</b> using a standardized pain assessment tool (appropriate to the patient's ability to communicate the severity of pain)?</p> <p> <input type="checkbox"/> 0 - No standardized assessment conducted  <input type="checkbox"/> 1 - Yes, and it does not indicate severe pain  <input type="checkbox"/> 2 - Yes, and it indicates severe pain         </p>
<b>ITEM INTENT</b>
<p>Identifies if a standardized pain assessment is conducted and whether a clinically significant level of pain is present, as determined by the assessment tool used. This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.</p>
<b>TIME POINTS ITEM(S) COMPLETED</b>
<p>Start of Care</p> <p>Resumption of Care</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>• A standardized tool is one that 1) has been scientifically tested on a population with characteristics similar to that of the patient being assessed (for example, community-dwelling elderly, noninstitutionalized adults with disabilities, etc.); and 2) includes a standard response scale (e.g., a scale where patients rate pain from 0-10). The standardized tool must be appropriately administered as indicated in the instructions and must be relevant for the patient's ability to respond. Severe pain is defined according to the scoring system for the standardized tool being used. CMS does not endorse a specific tool.</li> <li>• If the standardized tool does not define levels of "severe" pain, then the agency or care provider should use the level(s) of pain identified in the standardized tool that best reflect the concept of "severe."</li> <li>• Select Response 0 if such a tool was not used to assess pain.</li> <li>• Select Response 1 or 2 based on the pain reported at the time the standardized tool was administered, per the tool's instructions.</li> <li>• In order to select Response 1 or 2, the pain assessment must be conducted by the clinician responsible for completing the comprehensive assessment during the allowed time frame (i.e., within five days of SOC, within two days of discharge from the inpatient facility at ROC).</li> </ul>
<b>DATA SOURCES / RESOURCES</b>
<ul style="list-style-type: none"> <li>• Patient/caregiver interview</li> <li>• Physical assessment</li> <li>• Clinical record</li> <li>• A variety of standardized pain assessment approaches have been tested and are available for provider use in patient assessment. These approaches include visual analog scales, the Wong-Baker FACES Pain Rating Scale, numerical scales, and the Memorial Pain Assessment Card. Links to these and other assessment tools can be found in Chapter 5 of this manual.</li> </ul>

**Guidance for this item updated 12/2011**