Appendix A: Initial Pain Assessment Tool

Initial Pain Assessment Tool

Patient’s Name ___________________________ Age _____ Room _____

Diagnosis ___________________________ Physician ___________________________

Nurse ___________________________

1. LOCATION: Patient or nurse mark drawing.

2. INTENSITY: Patient rates the pain. Scale used
   Present: ___________________________
   Worst pain gets: ___________________________
   Best pain gets: ___________________________
   Acceptable level of pain: ___________________________

3. QUALITY: (Use patient's own words, e.g., prick, ache, burn, throb, pull, sharp)
   ___________________________

4. ONSET, DURATION, VARIATIONS, RHYTHMS:
   ___________________________

5. MANNER OF EXPRESSING PAIN:
   ___________________________

6. WHAT RELIEVES THE PAIN?
   ___________________________

7. WHAT CAUSES OR INCREASES THE PAIN?
   ___________________________

8. EFFECTS OF PAIN: (Note decreased function, decreased quality of life.)
   Accompanying symptoms (e.g., nausea)
   Sleep ___________________________
   Appetite ___________________________
   Physical activity ___________________________
   Relationship with others (e.g., irritability)
   Emotions (e.g., anger, suicidal, crying)
   Concentration ___________________________
   Other ___________________________

9. OTHER COMMENTS:
   ___________________________

10. PLAN:
    ___________________________
