

Pain Assessment: Tools

Name: _____ Date: _____

Age: _____ Gender: _____

Pain History

Onset: When did this start? _____

Location: Where is the pain felt most? Does it radiate? _____

Intensity: Ask for description. Use pain scales below. _____

Quality: Is pain sharp, dull, throbbing, etc.? _____

Pattern: Is the pain intermittent? Constant? Does it wax and wane? _____

Precipitating factors:

What seems to bring this pain on? _____

Noise? _____

Motion of a body part? _____

Eating? Not eating? Etc. _____

Relieving factors and attempts to relieve:

What helps? _____

Medications? _____

Heat? Ice? Etc. _____

Impact on activities of daily living: Does this pain prevent usual activities? _____

Coping strategies (such as prayer, meditation, etc.): _____

Emotional response (anger, blaming, depression, anxiety, etc.): _____

Sleep pattern (ability to sleep): _____

Observation:

Client behavior (protective posturing, crying, moaning, etc.): _____

Physiological Responses

Vital Signs: Temp.: _____

Respirations: _____

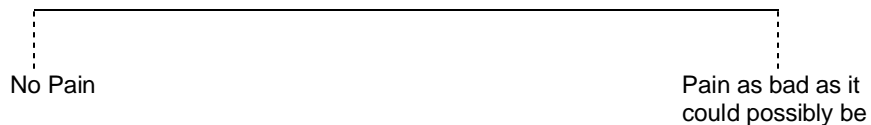
Pulse: _____

BP: _____

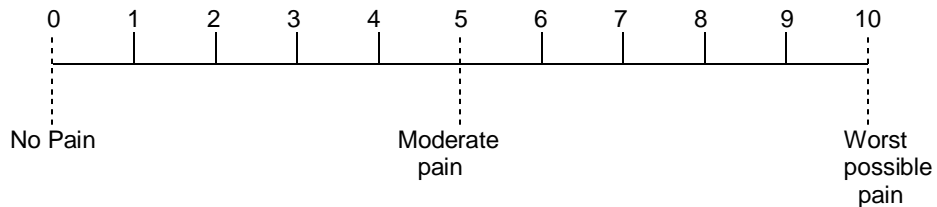
Adult Tools

Several visual and verbal tools are available to assess a client's pain. Several examples commonly used for the verbal adult are seen below. In each case, the client is asked to point along the line to describe her degree of pain.

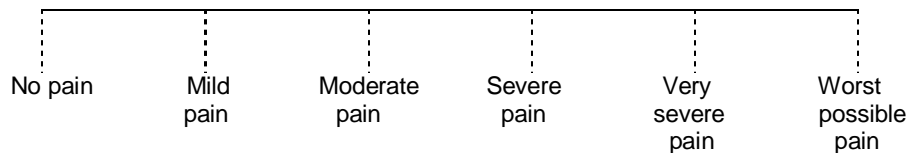
Visual Analog Scale (VAS)



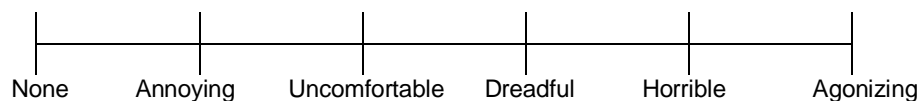
0–10 Numeric Pain Intensity Scale



Simple Descriptive Pain Intensity Scale



Pain Distress Scale



U.S. Department of Health and Human Services

Infants and Children

The **OUCHER Pain Scale** is a valid and reliable scale for both young and older children of various races. This scale, which is seen in the Considerations section of this module, is copyrighted, and may be purchased for use in the clinical agency. For more information, see www.oucher.org.

Analysis:
