

CONSUMER NAME:

MR Number:

ADMISSION PAIN ASSESSMENT

Is the patient experiencing pain now? (circle answer) Yes No

Have patient point to the part of his/her body that hurts (type answer)

Have patient look at the faces, and point to the one that best describes how their pain makes them feel.  
(Use Wong-Baker FACES Pain Rating Scale)

When did the pain start?

How often does the patient feel the pain (circle answer) All The Time Comes and Goes

Have the patient tell about the pain (document patient's own words, note facial expression, gestures, etc.)

How is the pain currently being treated (seeing physician, OTC meds, list any measures to alleviate pain).

Physical exam and observation of pain site:

Referral:

NURSE SIGNATURE:

DATE:

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ONGOING PAIN ASSESSMENT

DISCHARGE PAIN ASSESSMENT

Is the patient experiencing pain now? (circle answer) YES NO

Have patient point to the part of his/her body that hurts (Nurse list areas).

Have patient look at the faces, and point to the one that best describes how their pain makes them feel.  
(Use Wong-Baker FACES Pain Rating Scale)

When did the pain start?

Have patient tell about the pain (document patient's own words, note facial expression, gestures, etc.):

Is the pain currently being treated (seeing physician, OTC meds, list any measures to alleviate pain):

Physical exam and observation of pain site:

Pain re-assessment: If treated, was pain relieved? YES NO

Referral:

NURSE SIGNATURE:

DATE:

	0	1	2	3	4	5
	No Hurt	Hurts Little	Hurts Little	Ever Hurts	Who Hurts	Worst
ALTERNATE						
CODING	0	2	4	6	8	10