

CENTRAL CARE POLICY PAIN SCREENING

SUBJECT:	PAIN SCREENING
ANNUAL REVIEW MONTH:	June
RESPONSIBLE FOR REVIEW:	Director of Central Care
LAST REVISION DATE:	August 2010

Policy: Any consumer pain issues will be addressed immediately. A pain screening will be done at the following times:

For Chronic Pain:

- Initially, every shift for the first 24 hours, then once every 3 months for pain managed by physician/prescribed medications.
- Anytime pain medication is initially started, changed, increased, decreased, or a new pain medication is ordered.
- Anytime a consumer complains of new pain that is different from what he/she is under the care of a physician for. A follow-up assessment will be done in 1 hour.
- Reassessments will be done based on consumer needs

For Acute Pain:

- Anytime there is observable evidence of unusual symptoms of pain/discomfort/infections
- Anytime a consumer reports pain is increasing
- After any accident/injury if pain is identified, if there is a potential for delayed pain, or after a medical/dental procedure
- A follow-up assessment is done one hour after comfort measures or medication is given for new pain
- Anytime pain has not been relieved 1 hour after medication/comfort measures
- Reassessments will be done based on consumer needs

Purpose: To assure consumer's pain is managed appropriately.

Procedure: If at anytime consumer's condition becomes a medical emergency, call 911 and follow Medical Care for Emergency policy.

1. The pain screening form will be completed.
2. Initiate appropriate comfort measures as indicated or prescribed.
3. Pain will be rechecked in one hour and documented on pain screening form, progress notes (include consumer's words and your observations), 24 hour report, and medication record if applicable.
4. Follow-up documentation will be noted in the progress notes (include consumer's words and your observations) and on the 24 hour report on each shift for 24 hours.
5. If comfort measures or prescribed treatment does not manage consumer's pain, consumer's physician should be notified and the nurse, house manager, team

leader, or clinical person on call should be advised of consumer's condition and physician's recommendations.

APPROVED:

_____ **TITLE:** Director of Central Care **DATE:** _____
George Harris, LCSW

References:

Central State Hospital Policy/Procedure 4.51, Pain Assessment and Management
Central State Hospital Nursing Policy and Procedure I.2.11, Pain Management
Oconee Center Policy 13.26

PAIN SCREENING

Name _____ Date of Birth _____ BHIS _____

Reason for Screening: __ Self Report __ Observation __ New Pain __ ^ Pain __ Condition Worse __

Other-CIRCLE ONE: Accident/Injury, Medical/Dental Procedure, Chronic Pain (quarterly), Unrelieved

Chronic Pain, Illness, Surgery, Infection, etc.- _____

Where is the pain? _____

What caused the pain? _____

When did the pain start? _____

What makes the pain worse? _____

What have you tried to do to make it feel better? _____

What has helped to relieve the pain in the past? _____

What has the staff observed? _____

How often do you have the pain? Constant 1-3 times daily 2-3 times weekly

Other _____

Blood Pressure _____ Pulse _____ Respirations _____ Temperature _____

Circle the correct response to the following questions:

Does the pain affect your: Sleep Mood Appetite Ability to do normal activities

Describe the pain: Circle all that apply

- Throbbing Shooting Stabbing Sharp Dull
- Stinging Heavy Radiating Deep Tingling
- Cramping Burning Tight Other _____

Rate your pain on a scale of 0 – 10 as follows by circling your response:

0	2	4	6	8	10
No Unusual Vocalizations/ No Pain	Unusual Vocalizations/ it comes and goes, but not bad pain	Abnormal Expression/ it's there all the time, but not bad	Change in Activities/Sleep it's there all the time and is annoying	Changes in body Movements hurts a lot	Unusual Behaviors Worst Pain

Staff Signature: _____ Date: _____ Time: _____

One Hour Follow-up: Rate your pain on a scale of 0 – 10 as follows by circling your response:

1	2	4	6	8	10
No Unusual Vocalizations/ No Pain	Unusual Vocalizations/ it comes and goes, but not bad pain	Abnormal Expression/ it's there all the time, but not bad	Change in Activities/Sleep it's there all the time and is annoying	Changes in body Movements hurts a lot	Unusual Behaviors Worst Pain

Blood Pressure _____ Pulse _____ Respirations _____ Temperature _____

Describe the pain if any: Circle all that apply

- Throbbing Shooting Stabbing Sharp Dull
- Stinging Heavy Radiating Deep Tingling
- Cramping Burning Tight Other _____

What have you done to try to make it feel better? _____

Staff Signature: _____ Date: _____ Time: _____