



# **Pain Management Guideline**

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by the

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HCANJ Best Practice Committee’s  
*Pain Management Guideline*

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# HCANJ Best Practice Committee's

## *Pain Management*

### Best Practice Guideline

**Disclaimer:** This Best Practice Guideline is presented as a model only by way of illustration. It has not been reviewed by counsel. Before applying a particular form to a specific use by your organization, it should be reviewed by counsel knowledgeable concerning applicable federal and state health care laws and rules and regulations. This Best Practice Guideline should not be used or relied upon in any way without consultation with and supervision by qualified physicians and other healthcare professionals who have full knowledge of each particular resident's case history and medical condition.

This Best Practice Guidelines is offered to nursing facilities, assisted living facilities, residential health care facilities, adult day health services providers and other professionals for informational and educational purposes only.

The Health Care Association of New Jersey (HCANJ), its executers, administrators, successors, and members hereby disclaim any and all liability for damage of whatever kind resulting from the use, negligent or otherwise, of all Best Practice Guidelines herein.

This Best Practice Guideline was developed by the HCANJ Best Practice Committee ("Committee"), a group of volunteer professionals actively working in or on behalf of health care facilities in New Jersey, including skilled nursing facilities, sub-acute care and assisted living providers.

The Committee's development process included a review of government regulations, literature review, expert opinions, and consensus. The Committee strives to develop guidelines that are consistent with these principles:

- Relative simplicity
- Ease of implementation
- Evidence-based criteria
- Inclusion of suggested, appropriate forms
- Application to various long term care settings
- Consistent with statutory and regulatory requirements
- Utilization of MDS (RAI) terminology, definitions and data collection

Appropriate staff (Management, Medical Director, Physicians, Nurse-Managers, Pharmacists, Pharmacy Consultants, Interdisciplinary Care Team) at each facility/program should develop specific policies, procedures and protocols to best assure the efficient, implementation of the Best Practice Guideline's principles.

The Best Practice Guidelines usually assume that recovery/rehabilitation is the treatment or care plan goal. Sometimes, other goals may be appropriate. For example, for patients receiving palliative care, promotion of comfort (pain control) and dignity may take precedence over other guideline objectives. Guidelines may need modification to best address each facility, patient and family's expectations and preferences.

Recognizing the importance of implementation of appropriate guidelines, the Committee plans to offer education and training. The HCANJ Best Practice Guidelines will be made available at [www.hcanj.org](http://www.hcanj.org).

## HCANJ Best Practice Committee

# *Pain Management Guidelines*

### MISSION STATEMENT

The mission of a Pain Management Program is to promote the health, safety and welfare of residents in nursing facilities, assisted living, residential health care facilities and adult day health services, by establishing guidelines to meet the state's requirements for the assessment, monitoring and management of pain.

### DEFINITIONS

- *Pain* means an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.
  - A. Pain Classification
    - *Somatic Pain*: Result of activation of nociceptors (sensory receptors) sensitive to noxious stimuli in cutaneous or deep tissues. Experienced locally and described as constant, aching and gnawing. The most common type in cancer patients.
    - *Visceral Pain*: Mediated by nociceptors. Described as deep, aching and colicky. Is poorly localized and often is referred to cutaneous sites, which may be tender. In cancer patients, results from stretching of viscera by tumor growth.
  - B. Chronic Pain Classification
    - *Nociceptive pain*: Visceral or somatic. Usually derived from stimulation of pain receptors. May arise from tissue inflammation, mechanical deformation, ongoing injury, or destruction. Responds well to common analgesic medications and non-drug strategies.
    - *Neuropathic Pain*: Involves the peripheral or central nervous system. Does not respond as predictably as nociceptive pain to conventional analgesics. May respond to adjuvant analgesic drugs.
    - *Mixed or undetermined pathophysiology*: Mixed or unknown mechanisms. Treatment is unpredictable; try various approaches.
    - *Psychologically based pain syndromes*: Traditional analgesia is not indicated.
- *Pain Management* means the assessment of pain and, if appropriate, treatment in order to assure the needs of residents of health care facilities who experience problems with pain are met. Treatment of pain may include the use of medications or application of other modalities and medical devices, such as, but not limited to, heat or cold, massages, transcutaneous electrical nerve stimulation (TENS), acupuncture, and neurolytic techniques such as radiofrequency coagulation and cryotherapy.
- *Pain Rating Scale* means a tool that is age cognitive and culturally specific to the resident population to which it is applied and which results in an assessment and measurement of the intensity of pain.

- *Pain Treatment plan* means a plan, based on information gathered during a resident pain assessment, that identifies the resident's needs and specifies appropriate interventions to alleviate pain to the extent feasible and medically appropriate.

## **OBJECTIVES**

- To reduce the incidence and severity of pain and, in some cases, help minimize further health problems and enhance quality of life.
- To provide professional staff with standards of practice that will assist them in the effective assessment, monitoring and management of the resident's pain.
- To educate the resident, family and staff.
- To limit liability to health care providers.

## **PROGRAM OUTLINE**

### **I. PAIN SCREEN**

- A. A Pain Screen, including a Pain Rating Scale, shall be conducted upon admission.

### **II. PAIN RATING SCALE**

- A. One of the 3 following Pain Rating Scales shall be used as appropriate for the individual resident:

1. Wong-Baker Scale
2. Numerical Scale
3. FLACC Scale

- B. A Pain Rating Scale shall be completed and documented, at a minimum, in the following circumstances:

1. as part of the Pain Screening upon admission
2. upon re-admission
3. upon day of planned discharge (send a copy with the resident)
4. when warranted by changes in the resident's condition or treatment plan
5. self reporting of pain and/or evidence of behavioral cues indicative of the presence of pain
6. to identify and monitor the level of pain and/or the effectiveness of treatment modalities until the resident achieves consistent pain relief or pain control

- C. If the resident is cognitively impaired or non-verbal, the facility shall utilize pain rating scales for the cognitively impaired and non-verbal resident. Additionally, the facility shall seek information from the resident's family, caregiver or other representative, if available and known to the facility.

### III. PAIN ASSESSMENT

- A. A complete Pain Assessment shall be done if the Pain Rating Scale score is above 0 in the circumstances listed in II-B, no. 1-5.
- B. In nursing facilities, a complete Pain Assessment shall be completed at the time of the quarterly MDS if pain has been recorded.
- C. In assisted living facilities, the semi-annual wellness nursing assessment shall include a pain rating scale. If greater than 0, a Pain Assessment shall be completed.
- D. In residential health care and adult day health services, a Pain Assessment shall be completed when pain is reported, and should be completed at least annually thereafter.

### IV. TOOLS

- A. Pain Screen
- B. Pain Rating Scale
- C. Pain Assessment

### V. TREATMENT PLAN DEVELOPMENT AND IMPLEMENTATION

- A. Information collected from the Pain Assessment is to be used to formulate and implement a resident specific Pain Treatment Plan within the facility, or the resident shall be referred for treatment or consultation.
- B. Rehabilitation Treatment Modalities (Physical Therapy-PT /Occupational Therapy-OT):
  1. PT Intervention: Therapeutic Exercise
    - Passive range of motion, active assistive range of motion, active range of motion, progressive resistive exercise, balance training, gait training, postural correction and reeducation, ergonomics.
  2. PT Intervention: Manual Therapy
    - Mobilization and manipulation of the joints, craniosacral therapy, myofascial release, massage.
  3. PT Intervention: Modalities
    - Electrical stimulation, transcutaneous electrical nerve stimulation, iontophoresis, ultrasound, diathermy, infrared, hydrotherapy (warm), fluid therapy, cold laser, hot packs, paraffin wax therapy, ice packs.
  4. OT Intervention for Pain Reduction:
    - Activity of daily living, adaptive devices to simplify tasks, energy conservation techniques, therapeutic exercises, wheelchair measurement, wheelchair positioning devices, bed positioning devices, cushions for appropriate pressure relief, splinting for stretching tight joints/muscles, reduce pain and prevent pressure sore.
  5. Both PT and OT upon discharge from the therapy program should provide:
    - Illustrated home exercise program, in-service to the caregiver.

C. Pharmacological Intervention:

1. Non-opioid analgesics, such as acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs (NSAIDs), cyclooxygenase-2 (cox-2) inhibitors and tramadol.
  - Considered but *not* recommended: Indomethacin, Piroxicam, Tolmetin, Meclofenamate.
2. Opioid analgesics (oxycodone; morphine, transdermal fentanyl; hydromorphone; methadone; combination opioid preparations, such as codeine, hydrocodone, oxycodone)
  - Considered but *not* recommended: Propoxyphene, Meperidine, Pentazocine, Butrophanol.
3. Other classes of drugs (corticosteroids, anticonvulsants, clonazepam, carbamazepine, anti-arrhythmics, topical local anesthetics, topical counter-irritants)
4. Monitoring for safety and side effects of medications.
5. Principles of Pharmacological treatment of chronic pain:
  - Administer medication routinely, *not* PRN.
  - Use the least invasive route of administration first. The oral route is preferred.
  - Begin with a low dose. Titrate carefully until comfort is achieved.
  - Reassess and adjust dose frequently to optimize pain relief while monitoring and managing side effects.
  - Maximize therapeutic effect while minimizing medication side effects.
6. General Treatment Principles:
  - Ask about pain regularly
  - Believe the patient's & family's reports of pain and what relieves it
  - Choose appropriate pain control options
  - Deliver interventions in a timely, logical and coordinated fashion
  - Empower patients and their families

D. Alternative Interventions:

1. Acupuncture, reflexology, aroma therapy, music therapy, dance therapy, yoga, hypnosis, relaxation and imagery, distraction and reframing, psychotherapy, peer support group, spiritual, chiropractic, magnet therapy, bio-feedback, meditation, relaxation techniques.

E. Pain Assessment findings shall be documented in the resident's medical record. This shall include, but not be limited to, the date, pain rating, treatment plan, and resident response.

VI. EDUCATION AND TRAINING

- A. The policy for each facility shall include the criteria found in subchapter 6, General Licensure Procedures and Enforcement of Licensure Rules, NJAC 8:43E 6.5 (a) 1-4, (b):
- “(a) Each facility shall develop, revise as necessary and implement a written plan for the purpose of training and educating staff on pain management. The plan shall

include mandatory educational programs that address at least the following:

1. Orientation of new staff to the facility's policies and procedures on pain assessment and management;
2. Training of staff in pain assessment tools; behaviors potentially indicating pain; personal, cultural, spiritual, and/or ethnic beliefs that may impact a patient's/resident's perception of pain; new equipment and new technologies to assess and monitor a patient's/resident's pain status;
3. Incorporation of pain assessment, monitoring and management into the initial orientation and ongoing education of all appropriate staff; and
4. Patient/resident rights.

(b) Implementation of the plan shall include records of attendance for each program.”

B. Patient/Resident/Family Education:

- Explain causes of the pain, assessment methods, treatment options and goals, use of analgesics and self-help techniques.
- Regularly reinforce educational content.
- Provide specific education before special treatments and/or procedures.

## VII. CONTINUOUS QUALITY IMPROVEMENT

The policy for each facility shall include the criteria found in subchapter 6, General Licensure Procedures and Enforcement of Licensure Rules, *NJAC 8:43E 6.6*:

“The facility's continuous quality improvement program shall include a systematic review and evaluation of pain assessment, management and documentation practices. The facility shall develop a plan by which to collect and analyze data in order to evaluate outcomes or performance. Data analysis shall focus on recommendations for implementing corrective actions and improving performance.”

## VIII. POLICY

A. Each facility shall develop a policy to define the system for assessing and monitoring resident pain.

B. The policy for each facility shall include the criteria found in subchapter 6, General Licensure Procedures and Enforcement of Licensure Rules, *NJAC 8:43E 6.4(f) 1-7*:

“(f) The facility shall establish written policies and procedures governing the management of pain that are reviewed at least every three years and revised more frequently as needed. They shall include at least the following:

1. A written procedure for systematically conducting periodic assessment of a patient's/resident's pain, as specified in (b) \*above. At a minimum the procedure must specify pain assessment upon admission, upon discharge, and when warranted by changes in a patient's/resident's condition and self reporting of pain;



2. Criteria for the assessment of pain, including, but not limited to: pain intensity or severity, pain character, pain frequency or pattern, or both; pain location, pain duration, precipitating factors, responses to treatment and the personal, cultural, spiritual, and/or ethnic beliefs that may impact an individual's perception of pain;
3. A written procedure for the monitoring of a patient's/resident's pain;
4. A written procedure to insure the consistency of pain rating scales across departments within the health care facility;
5. Requirements for documentation of a patient's/resident's pain status on the medical record;
6. A procedure for educating patients/residents and, if applicable, their families about pain management when identified as part of their treatment; and
7. A written procedure for systematically coordinating and updating the pain treatment plan of a patient/resident in response to documented pain status."



## BEST PRACTICE PROGRAM

### PAIN MANAGEMENT TOOLS

- Pain Screen Form
- Pain Rating Scale Form
- Pain Assessment Form
- Pain Management: *Rating/Medication* Administration Record
- Pain Management: *Rating/Treatment* Administration Record
- Data Collection For Analysis, Outcome Evaluation and Performance Improvement Forms:
  - Pain Screen Form
  - Pain Assessment Form
  - Pain Treatment Form

# PAIN SCREEN

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident Name \_\_\_\_\_

Age \_\_\_\_\_ Room \_\_\_\_\_

Diagnosis \_\_\_\_\_

Physician \_\_\_\_\_ Nurse \_\_\_\_\_

*Objective:* This interview will help to identify the level of pain education and history of the resident to provide optimal resident comfort in the process of easing, controlling and/or diminishing pain. The following documentation may be mutually established with the help of the resident, family members and staff. If the resident is *nonverbal*, ask a family member or significant other if they can answer any of the questions. If not, note "not able to obtain from resident or significant other."

Who Answered the following questions:

Resident      Family Member (name) \_\_\_\_\_ Relationship to Resident: \_\_\_\_\_

## **RESIDENT INTERVIEW:**

1. Do you have pain now?  Yes  No  If yes, PAIN SCORE of \_\_\_\_\_ using:  Wong-Baker  Numerical  FLACC
2. Do you ever have pain?  Yes  No  If Yes, how often and where: \_\_\_\_\_  
\_\_\_\_\_
3. Within the last two weeks, have you taken any medications or treatments to control pain?  Yes  No  If yes, list details:  
\_\_\_\_\_
4. Are you able to report your pain to the nurse?  Yes  No  If No, why not: \_\_\_\_\_  
\_\_\_\_\_
5. Do you feel that it is normal to have pain?  Yes  No  If No, why not: \_\_\_\_\_  
\_\_\_\_\_
6. Do you feel that all pain should be treated?  Yes  No  If No, why not: \_\_\_\_\_  
\_\_\_\_\_
7. Do you have any cultural or religious beliefs that would influence the management of pain?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. How intense does your pain need to be to be treated?  Rate on a Scale of 1—10 \_\_\_\_\_ Or, explain: \_\_\_\_\_  
\_\_\_\_\_
9. How have you treated your pain in the past? (Explain) (medications, other modalities): \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever used alcohol to relieve your pain?  Yes  No
11. What drugs, legal or illegal, have you used in the past to relieve your pain?  None List drugs: \_\_\_\_\_  
\_\_\_\_\_

## **INTERVIEWER OBSERVATIONS:**

1. If the resident is not able to describe pain, please check below if there are any current *nonverbal* signs of pain:  
 Moaning/Yelling  Rocking  Restless Movements  Combative  Grimacing  Guarding  Rubbing Area  
 No Signs of pain  Other: \_\_\_\_\_
2. EDUCATION:  Resident educated to report pain to the nurse  Family/significant other educated to report signs of resident's pain to the nurse  Family/significant other not available at admission to discuss/educate re: pain management
3. OTHER OBSERVATIONS: \_\_\_\_\_

# PAIN RATING SCALE

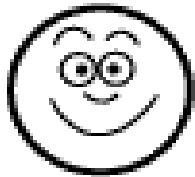
Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident Name \_\_\_\_\_ Age \_\_\_\_\_ Room \_\_\_\_\_

**GENERAL INSTRUCTIONS:** Choose only one appropriate scale based upon the resident's ability to respond. Identify the scale used and the score for that scale on the bottom of this form. *Any score above 0 requires a Pain Assessment.*

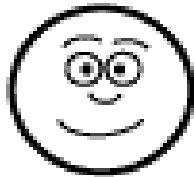
## WONG-BAKER SCALE:

*Initial Instructions:* Explain to the resident that each face is for a person who feels happy because he or she has no pain (hurt) or sad because he or she has some or a lot of pain. **FACE 0** is happy because he or she doesn't hurt at all. **FACE 2** hurts just a little bit **FACE 4** hurts a little more. **FACE 6** hurts even more. **FACE 8** hurts a whole lot. **FACE 10** hurts as much as you can imagine, although you don't have to be crying to feel this bad. Ask the resident to choose the face that best describes how he or she is feeling.



NO  
HURT

0



HURTS  
LITTLE  
BIT

2



HURTS  
LITTLE  
MORE

4



HURTS  
EVEN  
MORE

6



HURTS  
WHOLE  
LOT

8



HURTS  
WORST

10

## NUMERIC SCALE: Choose a number from 0 to 10 that best describes the level of pain.

NO  
PAIN

MILD PAIN,  
ANNOYING  
Pain is present  
but does not  
limit activity.

NAGGING PAIN,  
UNCOMFORTABLE,  
TROUBLESOME  
Can do most  
activities with  
rest periods.

MISERABLE,  
DISTRESSING  
Unable to do  
some activities  
because of pain.

INTENSE,  
DREADFUL,  
HORRIBLE  
Unable to do  
most activities  
because of pain.

WORST PAIN  
POSSIBLE,  
UNBEARABLE  
Unable to do any  
activities because  
of pain.

0

1

2

3

4

5

6

7

8

9

10

## FLACC SCALE:

*Initial Instructions:* The FLACC is a behavior pain assessment scale for use with nonverbal residents who are unable to provide reports of pain. Rate the resident in each of the five measurement categories, add the scores together, and document the total pain score.

FACE	0 No particular expression of smile.	1 Occasional grimace or frown, withdrawn, disinterested.	2 Frequent to constant frown, clenched jaw, quivering chin.
LEGS	0 Normal Position or relaxed.	1 Uneasy, restless, tense.	2 Kicking, or legs drawn up.
ACTIVITY	0 Lying quietly, normal position, moves easily.	1 Squirming, shifting back and forth, tense.	2 Arched, rigid, or jerking.
CRY	0 No crying (awake or asleep).	1 Moans or whimpers, occasional complaint	2 Crying steadily, screams or sobs, frequent complaints.
CONSOLABILITY	0 Content, relaxed.	1 Reassured by occasional touching, hugging, or "talking to." Distractible.	2 Difficult to console or comfort.

Scale Used:  Wong-Baker Score: \_\_\_\_\_  
 Numerical Score: \_\_\_\_\_  
 FLACC Score: \_\_\_\_\_

Nurse Signature \_\_\_\_\_

# PAIN ASSESSMENT

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident Name \_\_\_\_\_

Age \_\_\_\_\_

Room \_\_\_\_\_

Diagnosis \_\_\_\_\_

*Initial Instructions:* (1) Complete SECTION I. If the resident has pain now or has had pain recently, follow the instructions to assess each site of pain. Use another Pain Assessment Form if there are more than 2 sites of pain. (2) Complete SECTION II.

Who Answered the following questions?: (If the resident is nonverbal, ask a family member if they can answer any of the questions. If not, note "not able to obtain from resident or significant other.")

## SECTION I—INDICATE THE BEST RESPONSE FOR RESIDENT ASSESSMENT:

1. COMMUNICATION: Is resident alert & oriented?  Yes  No | Can resident verbalize pain?  Yes  No
2. PAIN SITE PHYSICAL LOCATION: *Instructions:* Circle the anatomical location on the anatomy charts in SECTION II. *Number the sites of pain from 1-2* and answer the questions for that site. More than 2 sites of pain, use an additional form.

Chest Pain \_\_\_\_\_ Headache Pain \_\_\_\_\_

Back Pain: Upper Back \_\_\_\_\_ Lower Back \_\_\_\_\_ Middle Back \_\_\_\_\_ | Hip Pain: Right Hip \_\_\_\_\_ Left Hip \_\_\_\_\_ Both \_\_\_\_\_

Abdominal Pain: Upper Ab \_\_\_\_\_ Lower Ab \_\_\_\_\_ Middle Ab \_\_\_\_\_ | Arm Pain: Right Arm \_\_\_\_\_ Left Arm \_\_\_\_\_ Both \_\_\_\_\_

Leg Pain: Right Leg \_\_\_\_\_ Left Leg \_\_\_\_\_ Both \_\_\_\_\_ | Knee Pain: Right Knee \_\_\_\_\_ Left Knee \_\_\_\_\_ Both \_\_\_\_\_

Elbow Pain: Right Elbow \_\_\_\_\_ Left Elbow \_\_\_\_\_ Both \_\_\_\_\_ | Shoulder Pain: Right Sh. \_\_\_\_\_ Left Sh. \_\_\_\_\_ Both \_\_\_\_\_

\_\_\_\_\_ Incision Pain (specify): \_\_\_\_\_

\_\_\_\_\_ Wound Pain (specify): \_\_\_\_\_

\_\_\_\_\_ Joint Pain (specify): \_\_\_\_\_

\_\_\_\_\_ Other (specify): \_\_\_\_\_

### PAIN SITE #1 ASSESSMENT:

1. PAIN CHARACTERISTICS:  Dull Pain  Sharp/Stabbing Pain  Pressure  Throbbing and Radiating Pain  Burning  Itching  
 Other (specify) \_\_\_\_\_  
 Pain upon movement (specify): \_\_\_\_\_  
 Pain upon touch (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_
2. PAIN FREQUENCY AND TIME:  Pain is daily  Pain is less than daily  All Times  Intermittent / no pattern  
Time of day \_\_\_\_\_ Pain Duration \_\_\_\_\_
3. NON-VERBAL OBSERVATIONS:  Anger  Agitation, Fidgeting and Restless  Complaining  Sighing and/or breathing heavily  
 Crying, Moaning and/or Yelling  Depressed, Sad and Worried Look  Wincing and Wrinkled Brow  
 Frightened, Guarding and Withdrawn Look  Muscle Rigidity, Resistive, Tense Fingers/Fist  
 Other (specify) \_\_\_\_\_
4. PAIN INTENSITY: Score from Pain Rating Scale:  Wong-Baker  Numerical  FLACC Scale Score: \_\_\_\_\_
5. INSPECTION OF PAIN SITE: (specify findings of swelling, redness, heat, etc.) \_\_\_\_\_

### PAIN SITE #1 ORIGIN AND DIAGNOSIS:

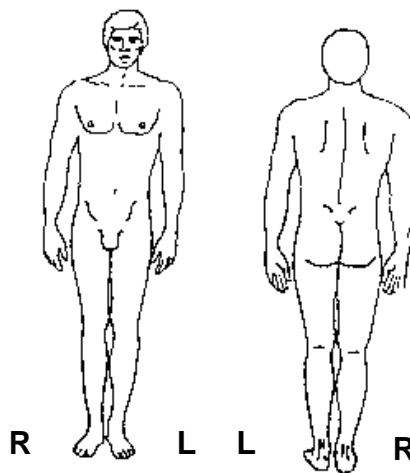
### PAIN SITE #2 ASSESSMENT:

1. PAIN CHARACTERISTICS:  Dull Pain  Sharp/Stabbing Pain  Pressure  Throbbing and Radiating Pain  Burning  Itching  
 Other (specify) \_\_\_\_\_  
 Pain upon movement (specify): \_\_\_\_\_  
 Pain upon touch (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_
2. PAIN FREQUENCY AND TIME:  Pain is daily  Pain is less than daily  All Times  Intermittent / no pattern  
Time of day \_\_\_\_\_ Pain Duration \_\_\_\_\_
3. NON-VERBAL OBSERVATIONS:  Anger  Agitation, Fidgeting and Restless  Complaining  Sighing and/or breathing heavily  
 Crying, Moaning and/or Yelling  Depressed, Sad and Worried Look  Wincing and Wrinkled Brow  
 Frightened, Guarding and Withdrawn Look  Muscle Rigidity, Resistive, Tense Fingers/Fist  
 Other (specify) \_\_\_\_\_
4. PAIN INTENSITY: Score from Pain Rating Scale:  Wong-Baker  Numerical  FLACC Scale Score: \_\_\_\_\_
5. INSPECTION OF PAIN SITE: (specify findings of swelling, redness, heat, etc.) \_\_\_\_\_

### PAIN SITE #2 ORIGIN AND DIAGNOSIS:

## SECTION II—

INDICATE LOCATION OF PAIN:



### PAIN SITE #1 - PAIN MANAGEMENT HISTORY AND RESIDENT GOALS:

1. What causes or increases the pain? \_\_\_\_\_
2. What medications and other methods have been used to relieve the pain? \_\_\_\_\_
3. How well have these medications and methods worked? \_\_\_\_\_
4. What is the resident's goal for pain management? Decrease pain Improved mobility Improved sleep  
Other: (explain) \_\_\_\_\_

### PAIN SITE #2 - PAIN MANAGEMENT HISTORY AND RESIDENT GOALS:

1. What causes or increases the pain? \_\_\_\_\_
2. What medications and other methods have been used to relieve the pain? \_\_\_\_\_
3. How well have these medications and methods worked? \_\_\_\_\_
4. What is the resident's goal for pain management? Decrease pain Improved mobility Improved sleep  
Other: (explain) \_\_\_\_\_

### OBSERVATIONS AND/OR COMMENTS:

1. **Accompanying symptoms associated with pain:** (Example: Nausea, Headache) \_\_\_\_\_
2. **Appetite:** No change Loss of appetite Difficult to sit and eat Other: (explain) \_\_\_\_\_
3. **Sleeping:** No change Difficult to sleep at night Other: (explain) \_\_\_\_\_
4. **Physical Activity:** No change Difficult to sit-up/get-up/walk Non-participation in favorite activity  
Other: (explain) \_\_\_\_\_
5. **Relationship to others:** No change Decrease in social action Totally withdrawn from friends, family, etc.  
Other: (explain) \_\_\_\_\_
6. **Concentration:** No change Loss of concentration Other: \_\_\_\_\_
7. **Emotions** (complacent, agitated or aggressive behavior, etc.) No change Emotional change (Explain): \_\_\_\_\_
8. **Personal Hygiene:** No change Unable to wash, dress or perform personal care Other: \_\_\_\_\_

Note: Information is to be used to formulate the Resident's Pain Treatment Plan. (Care Plan)

RN Signature \_\_\_\_\_

# PAIN MANAGEMENT: RATING/MEDICATION ADMINISTRATION RECORD

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Instructions: Complete this form as you would complete a Medication Administration Record (MAR) document specifying the pain site, pain rating, & post treatment pain rating. (see other side for Pain Scale)  
 Pain Rating Scale used: WONG-BAKER SCALE NUMERICAL SCALE FLACC SCALE

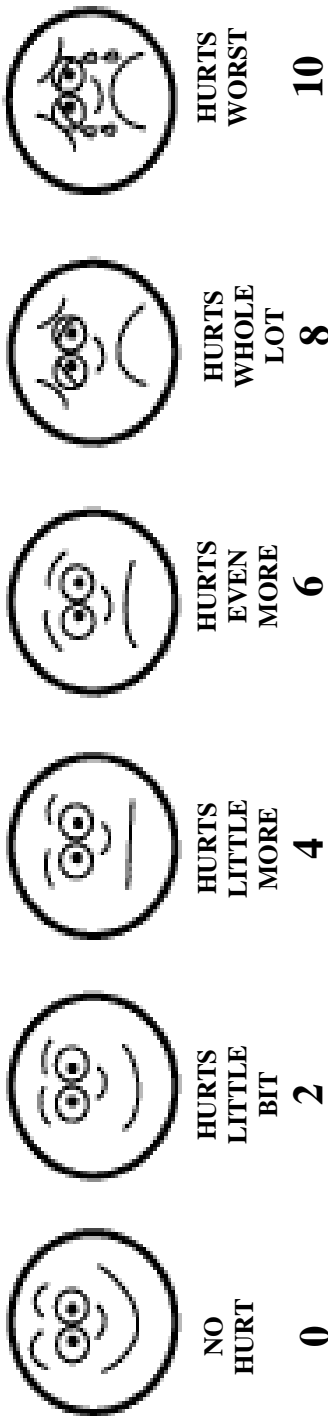
Medication	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____
Medication	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____
Medication	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____	Date: _____ Scale _____ Level _____ Pain Site _____ Time _____ am pm Initial _____ <b>RESULTS:</b> Scale _____ Level _____ Time _____ am pm Initial _____

Resident Name: \_\_\_\_\_ Room # \_\_\_\_\_ Doctor: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## WONG-BAKER SCALE:

*Initial Instructions:* Explain to the resident that each face is for a person who feels happy because he or she has no pain (hurt) or sad because he or she has some or a lot of pain. **FACE 0** is happy because he or she doesn't hurt at all. **FACE 2** hurts just a little bit **FACE 4** hurts a little more. **FACE 6** hurts even more. **FACE 8** hurts a whole lot. **FACE 10** hurts as much as you can imagine, although you don't have to be crying to feel this bad. Ask the resident to choose the face that best describes how he or she is feeling.



## NUMERIC SCALE: Choose a number from 0 to 10 that best describes the level of pain.

NO PAIN	MILD PAIN, ANNOYING Pain is present but does not limit activity.	NAGGING PAIN, UNCOMFORTABLE, TROUBLESOME Can do most activities with rest periods.	MISERABLE, DISTRESSING Unable to do some activities because of pain.	INTENSE, DREADFUL, HORRIBLE Unable to do most activities because of pain.	WORST PAIN POSSIBLE, UNBEARABLE Unable to do any activities because
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0 1 2 3 4 5 6 7 8 9 10

## FLACC SCALE:

*Initial Instructions:* The FLACC is a behavior pain assessment scale for use with nonverbal residents who are unable to provide reports of pain. Rate the resident in each of the five measurement categories, add the scores together, and document the total pain score.

FACE	0 No particular expression of smile.	1 Occasional grimace or frown, withdrawn, disinterested.	2 Frequent to constant frown, clenched jaw, quivering chin.
LEGS	0 Normal Position or relaxed.	1 Uneasy, restless, tense.	2 Kicking, or legs drawn up.
ACTIVITY	0 Lying quietly, normal position, moves easily.	1 Squirming, shifting back and forth, tense.	2 Arched, rigid, or jerking.
CRY	0 No crying (awake or asleep).	1 Moans or whimpers, occasional complaint	2 Crying steadily, screams or sobs, frequent complaints.
CONSOLABILITY	0 Content, relaxed.	1 Reassured by occasional touching, hugging, or "talking to." Distractible.	2 Difficult to console or comfort.

### General Instructions:

1. Choose only one appropriate scale based upon the resident's ability to respond.
2. Identify the scale used and the score for that scale on the other side of this form by using the following key:

WONG-BAKER SCALE

NUMERICAL SCALE

FLACC SCALE



# PAIN MANAGEMENT: RATING/TREATMENT ADMINISTRATION RECORD

Instructions: Complete this form as you would complete a Medication Administration Record (MAR) document specifying the pain site, pain rating, & post treatment pain rating. (see other side for Pain Scale)  
 Pain Rating Scale used: **WONG-BAKER SCALE** **NUMERICAL SCALE** **FLACC SCALE**

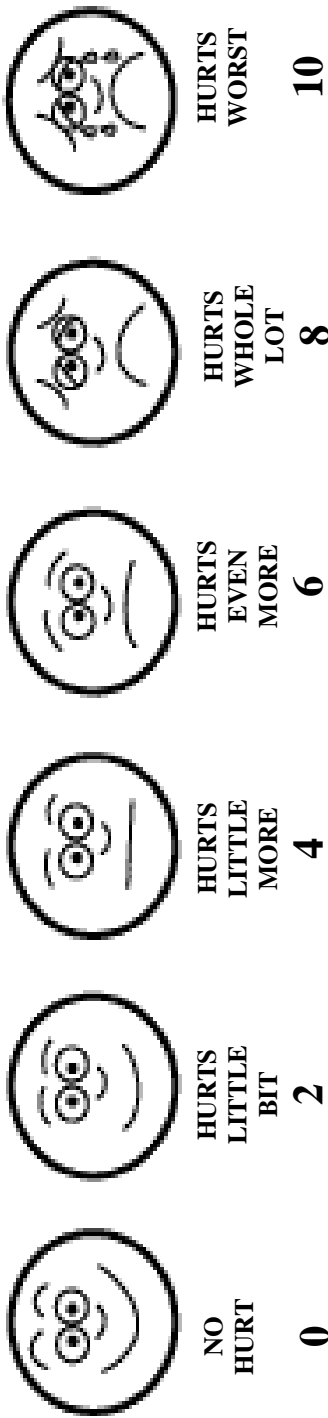
Treatment	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____
Treatment	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____
Treatment	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____	Date: Scale ___ Level ___ Pain Site _____ Time ___ am pm Initial _____ <b>RESULTS:</b> Scale ___ Level ___ Time ___ am pm Initial _____

Resident Name: \_\_\_\_\_ Room # \_\_\_\_\_ Doctor: \_\_\_\_\_ Side 1 of 2

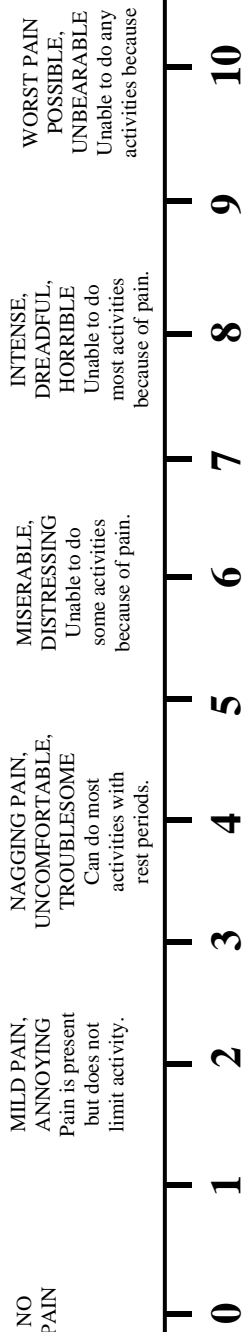
Diagnosis: \_\_\_\_\_

## WONG-BAKER SCALE:

*Initial Instructions:* Explain to the resident that each face is for a person who feels happy because he or she has no pain (hurt) or sad because he or she has some or a lot of pain. **FACE 0** is happy because he or she doesn't hurt at all. **FACE 2** hurts just a little bit **FACE 4** hurts a little more. **FACE 6** hurts even more. **FACE 8** hurts a whole lot. **FACE 10** hurts as much as you can imagine, although you don't have to be crying to feel this bad. Ask the resident to choose the face that best describes how he or she is feeling.



## NUMERIC SCALE: Choose a number from 0 to 10 that best describes the level of pain.



## FLACC SCALE:

*Initial Instructions:* The FLACC is a behavior pain assessment scale for use with nonverbal residents who are unable to provide reports of pain. Rate the resident in each of the five measurement categories, add the scores together, and document the total pain score.

	0	1	2
FACE	No particular expression of smile.	Occasional grimace or frown, withdrawn, disinterested.	Frequent to constant frown, clenched jaw, quivering chin.
LEGS	Normal Position or relaxed.	Uneasy, restless, tense.	Kicking, or legs drawn up.
ACTIVITY	Lying quietly, normal position, moves easily.	Squirming, shifting back and forth, tense.	Arched, rigid, or jerking.
CRY	No crying (awake or asleep).	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints.
CONSOLABILITY	Content, relaxed.	Reassured by occasional touching, hugging, or "talking to." Distractible.	Difficult to console or comfort.

### General Instructions:

1. Choose only one appropriate scale based upon the resident's ability to respond.
2. Identify the scale used and the score for that scale on the other side of this form by using the following key:

**W**ONG-BAKER SCALE

**N**UMERICAL SCALE

**F**LACC SCALE

Side 2 of 2  
 of Pain Management: Rating /  
**TREATMENT** Administration Record

**DATA COLLECTION FOR ANALYSIS, OUTCOME EVALUATION  
AND PERFORMANCE IMPROVEMENT FORM**

**Pain Management Program:** Pain Screen

**Pain Screen Standard:** A Pain Screen, including a Pain Rating Scale is documented for each new admission.

- Sample:

Dates:

From \_\_\_\_\_ to \_\_\_\_\_. Sample based upon a \_\_\_\_\_% of \_\_\_\_\_ number of residents.

- Audit Findings:

All sampled new admissions had properly documented Pain Screen and Rating Scale (when applicable).

\_\_\_\_\_% of sampled new admissions who had properly completed Pain Screen and Rating Scale.

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Preliminary Analysis: Based upon sample data, compliance with the facility's pain management/pain screen policy and procedure has been:

fully achieved, no referral.

partially achieved, referred to CQI Committee for analysis.

not achieved, immediately referred to Administrator for analysis and action plan.

Comments: \_\_\_\_\_  
\_\_\_\_\_

- CQI Committee Analysis Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Action Plan to improve outcome/performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATA COLLECTION FOR ANALYSIS, OUTCOME EVALUATION  
AND PERFORMANCE IMPROVEMENT FORM**

**Pain Management Program:** Pain Assessment

**Pain Assessment Standard:** A Pain Assessment is documented if the Pain Rating Scale score is above “0” upon admission, re-admission, planned discharge, when warranted by changes in condition, treatment, and upon self-reporting or evidence indicative of pain; in nursing facilities at the time of the quarterly MDS if pain has been recorded; in assisted living facilities, semi-annually, and at least annually in residential health care facilities and adult day health centers.

- Sample:

Dates:

From \_\_\_\_\_ to \_\_\_\_\_. Sample based upon a \_\_\_\_\_% of \_\_\_\_\_ number of residents.

- Audit Findings:

All sampled resident records validate Pain Assessments properly documented.

\_\_\_\_\_% of sampled residents who had properly documented a Pain Assessment.

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Preliminary Analysis: Based upon sample data, compliance with the facility’s pain management/pain assessment policy and procedure has been:

fully achieved, no referral.

partially achieved, referred to CQI Committee for analysis.

not achieved, immediately referred to Administrator for analysis and action plan.

Comments: \_\_\_\_\_  
\_\_\_\_\_

- CQI Committee Analysis Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Action Plan to improve outcome/performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATA COLLECTION FOR ANALYSIS, OUTCOME EVALUATION  
AND PERFORMANCE IMPROVEMENT FORM**

**Pain Management Program:** Pain Treatment

**Pain Treatment Standard:** A Pain Treatment is documented and effectiveness of treatment is recorded using the Pain Rating Scale. Treatment plans are adjusted in response to resident outcomes.

- Sample:

Dates:  
From \_\_\_\_\_ to \_\_\_\_\_. Sample based upon a \_\_\_\_\_% of \_\_\_\_\_ number of residents.

- Audit Findings:

- All sampled resident records validate that the effectiveness of Pain Treatment measures are properly documented.
- \_\_\_\_\_% of sampled residents whose records included a properly documented a Pain Treatment record.

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Preliminary Analysis: Based upon sample data, compliance with the facility’s pain management/pain treatment policy and procedure has been:

- fully achieved, no referral.
- partially achieved, referred to CQI Committee for analysis.
- not achieved, immediately referred to Administrator for analysis and action plan.

Comments: \_\_\_\_\_  
\_\_\_\_\_

- CQI Committee Analysis Findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Action Plan to improve outcome/performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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