

New **CCNH Pain Assessment (v3)** form in Vision.

Note that there are 4 pages. There are no longer two separate assessments. Both the Appropriate/interviewable and NON-interviewable assessments are now on the same form.

Pages		
Page Order	View Page	Edit Info.
1	Assessment	edit
2	Assessment of Non-Interviewable Resident	edit
3	Presence of Pain	edit
4	Clinician Review	edit

Note the question “Is resident able to appropriately respond...?”

When **Yes** is selected, all sections in the assessment that apply to the NON-interviewable resident will disable (grey out).

When **No** is selected, all the sections that apply to the Appropriate-interviewable resident will disable (grey out)

Is Resident able to appropriately respond to interview questions in this assessment?

Yes No, Skip to Page 2

There are several links throughout the form for easy access to diagnosis list, medication list, and easy access to update the CHAT.

The first page covers the Pain assessment and history review for the interviewable resident

Catholic Charities New Hampshire
Save Reset Previous Next

Resident Pain Assessment

Resident

Assessment Date:

Reason for Assessment: Admission Quarterly Review Significant Change Re-admission Annual Review New Onset of Pain

Is Resident able to appropriately respond to interview questions in this assessment?
 Yes No, Skip to Page 2

Pain Assessment for the Interviewable Resident

Resident's Pain control Goal: [Link to CHAT or assessments](#)

-Sleep Comfortably
 -Comfort at rest
 -Comfort with movement
 -Total Pain control
 -Stay alert
 -Perform desired activities

Resident's Pain intensity Goal (0-10):

Resident's Preferred Pain Intensity Scale:

Comments:

Review of Resident's Pain History

Do you ever experience pain/aches/soreness? Yes No

When did it start? New (within last 7 days) Recent (within last 3 months) More than 3 months ago

Onset Date if known:

Location(s) of usual pain:

How often do you experience pain/achiness/soreness? Daily Constant Frequently Occasionally Intermittently

When you have pain, which of these areas are affected?

-Keeps me from sleeping at night

-Prevents me from being able to move around as usual

-Appetite loss or increase

-My mood may change (sad, tearful, irritated, etc.)

-My ability to focus/concentrate is decreased

-My interactions with others may change (irritated, frustrated, impatient, etc.)

Have you taken medication in the past that relieved your pain? Yes No

Name of medication(s):

Do you take these medication(s) on a regular basis, as needed, or both? Scheduled As needed Both

Does this routine work to manage your pain? Yes No

What makes your pain worse? -Movement -Coughing -Cold -Heat -Fatigue -Anxiety -Other (Specify)

Would you say your pain is Chronic or New? Chronic New

What else relieves your pain other than medication?

-Heat -Cold -Massage -Rest -Music -Relaxation -Visual imagery -Frequent position change -Exercise -Applied pressure -Yoga -TENS -Other

How would you describe the pain that you usually experience?

-Aching
 -Burning
 -Crushing
 -Cramping
 -Dull
 -Mixed

Are you satisfied with your current pain control? Yes No

Comments:

Person completing this section:

Continue to Page 3-- Presence of Pain

The 2nd page is for the Non-interviewable Resident

Pain Assessment for the Non-interviewable Resident		Save	Reset	Previous	Next
Attempt to interview the resident with direct simple questions					
Do you hurt anywhere?		Resident Response: <input type="text"/>			
Are you achy?		Resident Response: <input type="text"/>			
Can you show me where it hurts?		Resident Response: <input type="text"/>			
Physical Examination					
Perform gentle range of motion, gently palpate over muscles and joints. Note resident response and document indicators of discomfort, for example: rapid blinking, facial expression, crying, moaning, withdrawal, guarding, pulling away, tears, etc. Note location of possible pain.					
Findings:					
<input type="text"/>					
Family Input					
Ask family member(s) to describe usual indicators of discomfort/pain, phrases the resident may use and interventions (including medications) that worked.					
Phrases Resident may use when experiencing pain:		Indicators of discomfort/pain:			
<input type="checkbox"/> I want to go home		<input type="checkbox"/> Slower gait, movement			
<input type="checkbox"/> I want my mother/father		<input type="checkbox"/> Rapid blinking			
<input type="checkbox"/> Help, Ouch, Ow		<input type="checkbox"/> Weepy, tears			
<input type="checkbox"/> Get away from me		<input type="checkbox"/> Shouting, yelling, calling out			
<input type="checkbox"/> Where do I go?		<input type="checkbox"/> Withdrawn, less social, distracted			
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Restless, fidgety			
		<input type="checkbox"/> Grimacing			
		<input type="checkbox"/> Repetitive movements (rocking, tapping)			
		<input type="checkbox"/> Guarding, pulling away			
		<input type="checkbox"/> Striking out			
		<input type="checkbox"/> Decreased appetite			
		<input type="checkbox"/> Inability to sleep			
		<input type="checkbox"/> Other (Specify)			
Comments:					
<input type="text"/>					
Person completing this section:		<input type="checkbox"/> <input type="text"/>			

The 3rd page is for the screening of the presence of pain. The top part is for the appropriate resident and the bottom part is for the cognitively impaired. Based on the answer selected to the question from the 1st page, only the appropriate section will be enabled. Note that we will now be using the PAINAD scale for Dementia residents.


Presence of Pain


Cognitively appropriate - Interviewable Resident


Is Resident currently experiencing pain now? Yes No


Pain Intensity Scale used: Numeric Scale Faces Scale Pain:


Pain Face



0
 NO HURT


2
 HURTS LITTLE BIT


4
 HURTS LITTLE MORE


6
 HURTS EVEN MORE


8
 HURTS WHOLE LOT


10
 HURTS WORST

No Pain |-----| Worst Possible Pain

0 1 2 3 4 5 6 7 8 9 10

None Mild Moderate Severe

Location of current pain: Intervention(s) provided:

Person Completing this section:

Cognitively Impaired - Non-interviewable Resident

Observe Resident for 5 minutes and complete the PAINAD Scale

Breathing independent of vocalization:

Normal

Occasional labored breathing. Short period of hyperventilation

Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations

Negative Vocalization:

None

Occasional moan or groan. Low level speech with negative or disapproving quality.

Repeated troubled calling out. Loud moaning or groaning. Crying.

Facial Expression

Smiling or inexpressive

Sad. Frightened. Frown.

Facial grimacing

Body Language

Relaxed

Tense. Distressed pacing. Fidgeting.

Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.

Consolability

No need to console

Distracted or reassured by voice or touch

Unable to console, distract or reassure

Score:

Is Resident currently experiencing pain now? Yes No

Describe indicators of discomfort/pain observed:

Location of current pain if able to determine:

Intervention provided:

Person completing this section:

The 4th and final page is where the clinician reviews the total program, updates the plan of care (CHAT) and adds the summary.

Clinical Pain Regimen Review		Save	Reset	Previous	Next
Diagnosis List		Medication Orders			
Resident conditions/diagnosis which may cause pain:	<input type="text"/>				
Current Active Orders for pain relieving medications					
Medication/Dose/Frequency:	<input type="text"/>				
Medication/Dose/Frequency:	<input type="text"/>				
Medication/Dose/Frequency:	<input type="text"/>				
Medication/Dose/Frequency:	<input type="text"/>				
Note changes in medication in the past 30 days:	<input type="text"/>				
Was the change effective for the Resident?	<input type="radio"/> Yes <input type="radio"/> No				
Treatments used other than medication for pain control:	<input type="text"/>				
Is Resident satisfied with pain control?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to answer				
Change in interventions (Refer to CHAT Biography)	<input type="radio"/> Yes <input type="radio"/> No				
Link to CHAT					
Summary of Assessment, Review, and Pain Management Plan:	<input type="text"/>				
Person completing this section:	<input type="checkbox"/> <input type="text"/>	<input type="text"/>			