

Facility Checklist 2: Assessing* Pain

* *A comprehensive assessment for pain is often done when someone develops new symptoms of pain or worsening pain that warrants a thorough assessment.*

1. Gather all policies and procedures, forms, tools, etc. that your facility currently uses that relate to this component of the pain management process.
2. Compare your facility's current policies and procedures against best practice by answering the questions listed below. Be critical – if unclear or partially true, the answer is No.
3. The questions on this checklist can be modified for use as a chart audit tool in order to investigate actual practice.

Completed by _____ Date Completed _____

	Yes	No	Person Responsible:	Comments/Notes
Are specific staff designated to complete the comprehensive assessment of pain?	<input type="checkbox"/>	<input type="checkbox"/>		
Is a comprehensive assessment of pain completed at the following times:				
At admission?	<input type="checkbox"/>	<input type="checkbox"/>		
At readmission?	<input type="checkbox"/>	<input type="checkbox"/>		
With a positive screen for pain?	<input type="checkbox"/>	<input type="checkbox"/>		
With any change in condition/behavior?	<input type="checkbox"/>	<input type="checkbox"/>		
With onset of reports of pain?	<input type="checkbox"/>	<input type="checkbox"/>		
With each MDS assessment?	<input type="checkbox"/>	<input type="checkbox"/>		
Before, during, and after procedures known to cause pain?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there standard pain assessment forms and tools and are they routinely used?	<input type="checkbox"/>	<input type="checkbox"/>		
Do your pain assessment tools and forms include the following elements:				
Description of the pain?	<input type="checkbox"/>	<input type="checkbox"/>		
Location of the pain?	<input type="checkbox"/>	<input type="checkbox"/>		
Intensity/severity using an accepted pain scale?	<input type="checkbox"/>	<input type="checkbox"/>		
Frequency of pain?	<input type="checkbox"/>	<input type="checkbox"/>		
Current pain?	<input type="checkbox"/>	<input type="checkbox"/>		
Pain at its least?	<input type="checkbox"/>	<input type="checkbox"/>		
Pain at its worst?	<input type="checkbox"/>	<input type="checkbox"/>		
Aggravating factors (what makes it worse)?	<input type="checkbox"/>	<input type="checkbox"/>		
Alleviating factors (what makes it better)?	<input type="checkbox"/>	<input type="checkbox"/>		
Effects on the resident (sleep, activity, mood)?	<input type="checkbox"/>	<input type="checkbox"/>		
Current treatment?	<input type="checkbox"/>	<input type="checkbox"/>		
Response to current treatment?	<input type="checkbox"/>	<input type="checkbox"/>		
Do staff routinely record the pain assessment in the medical record in a standard manner?	<input type="checkbox"/>	<input type="checkbox"/>		
Does a completed pain assessment routinely lead to the appropriate development of a care plan for pain?	<input type="checkbox"/>	<input type="checkbox"/>		