



XC200960

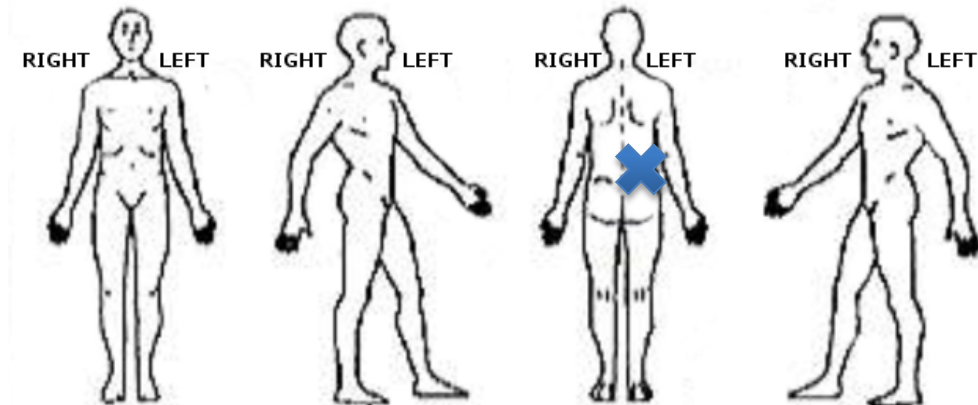
PLEASE USE ID LABEL OR BLOCK PRINT

HEALTH SERVICE: <u>Sunshine Village</u> PAIN ASSESSMENT (Residential Aged Care) DOCTOR: <u>Louise Marsh</u>	Surname JOHNSON	MRN M2435498	
	Given Name RON	DOB 9/1/54	Sex M
	Address 5555 DONOVAN ST, AUGUSTA, WA		Post Code 6290

1. **Diagnosis / Reason for Pain:**

L5 S1 Disc Bulge

2. **Location:** Resident or Carer marks drawing with X to indicate location of pain.



3. **Intensity:** Resident rates the pain on a scale of 1 – 10 for each statement below.

Pain level at present:	3	0	No pain	5 – 6	Severe pain
The worst pain gets:	8	1 – 2	Mild pain	7 – 8	Very severe pain
Best pain gets:	0	3 – 4	Moderate pain	9 – 10	Overwhelming pain
Acceptable pain level:	2				

4. **Physical Assessment:**

Moderate lateral curvature of lower spine (L)

Flexed posture in standing

5. **Type of Pain:** (Use resident's own words, e.g. prick, ache, burn, throb, pull, sharp)

Ache in lower left back

6. **How long does the pain usually last?**


2 – 3 hours

7. **What causes or increases the pain?**

Sitting in one position for long periods

RC9 PAIN ASSESSMENT

HEALTH SERVICE: <u>Sunshine Village</u> PAIN ASSESSMENT (Residential Aged Care) DOCTOR: <u>Louise Marsh</u>	Surname JOHNSON	MRN M2435498	
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8. Does the resident have pain:	Comments
At night: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	
At rest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> No	
On movement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> No	
Constantly: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Does pain interfere with:	
Sleep: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> No	
Appetite: <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> No	
Concentration: <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> No	
Physical Activity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> No	
Emotions: <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> No	
Relationship with others (e.g. irritability): <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> No	
10. What relieves the pain? (What previous pain control has been effective – refer to key)	
C	Key to Intervention Code
J - Paracetamol	A. position change G. diversion
	B. massage H. music
	C. heat I. TENS machine
	D. cold J. medication (specify)
	E. aromatherapy K. reassurance
	F. other:
11. Complete Abbey Pain Scale for residents displaying non-verbal signs of pain. Non Verbal Signs / Descriptors (Grimace, recoil from touches, frowning, agitation, restlessness, moaning) 	
12. Description of Pain Management Plan:	
1. Encourage regular change in position and short walks with four-wheeled walker	
2. Regular Hot Packs	
3. PRN Pain Medication when required	
<input checked="" type="checkbox"/> Care Plan Updated	
<input checked="" type="checkbox"/> Pain Intervention and Evaluation Record RC10 commenced.	
Name: Jean Smith	Sign: <i>J Smith</i> Date: 02/09/YY RN / EN / CN