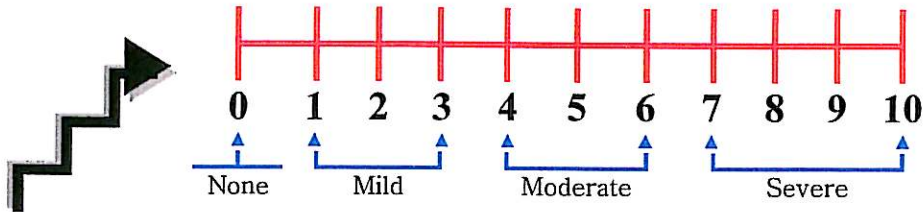


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PAIN INTENSITY INSTRUMENTS  
JULY 2003

**0 – 10 Numeric Rating Scale** (page 1 of 1)



**Indications:** Adults and children (> 9 years old) in all patient care settings who are able to use numbers to rate the intensity of their pain.

**Instructions:**

1. The patient is asked any one of the following questions:
  - What number would you give your pain right now?
  - What number on a 0 to 10 scale would you give your pain when it is the worst that it gets and when it is the best that it gets?
  - At what number is the pain at an acceptable level for you?
2. When the explanation suggested in #1 above is not sufficient for the patient, it is sometimes helpful to further explain or conceptualize the Numeric Rating Scale in the following manner:
  - 0 = No Pain
  - 1-3 = Mild Pain (nagging, annoying, interfering little with ADLs)
  - 4-6 = Moderate Pain (interferes significantly with ADLs)
  - 7-10 = Severe Pain (disabling; unable to perform ADLs)
3. The interdisciplinary team in collaboration with the patient/family (if appropriate), can determine appropriate interventions in response to Numeric Pain Ratings.

**Reference**

McCaffery, M., & Beebe, A. (1993). Pain: Clinical Manual for Nursing Practice. Baltimore: V.V. Mosby Company.

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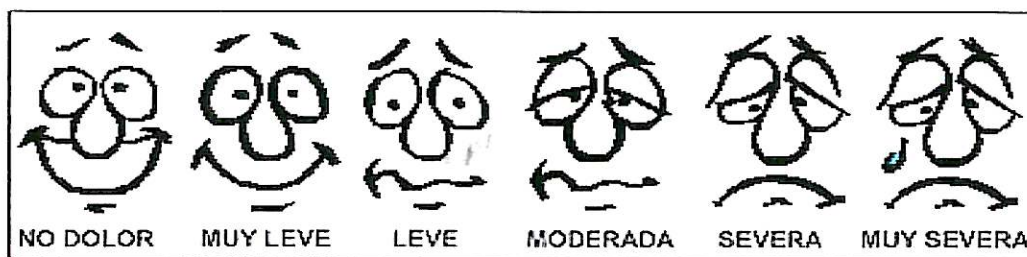
PAIN INTENSITY INSTRUMENTS  
JULY 2003

**Wong-Baker Faces Pain Rating Scale** (page 1 of 1)

English



Español



**Indications:** Adults and children (> 3 years old) in all patient care settings.

**Instructions:**

1. Explain to the patient that each face is for a person who feels happy because he has no pain (hurt or, whatever word the patient uses) or feels sad because he has some or a lot of pain.
2. Point to the appropriate face and state, "This face is . . ."
  - 0 - 1 – "very happy because he doesn't hurt at all."
  - 2 - 3 – "hurts just a little bit."
  - 4 - 5 – "hurts a little more."
  - 6 - 7 – "hurts even more."
  - 8 - 9 – "hurts a whole lot."
  - 10 – "hurts as much as you can imagine, although you don't have to be crying to feel this bad."
3. Ask the patient to choose the face that best describes how he feels. Be specific about the pain location and at what time pain occurred (now or earlier during a procedure?).
4. The interdisciplinary team in collaboration with the patient/family (if appropriate), can determine appropriate interventions in response to Faces Pain Ratings.

**Reference**

Wong, D. and Whaley, L. (1986). Clinical handbook of pediatric nursing, ed., 2, p. 373. St. Louis: C.V. Mosby Company.

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PAIN INTENSITY INSTRUMENTS  
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**Checklist of Non-Verbal Indicators (CNVI)** (page 1 of 1)

|  | <b>With<br/>Movement</b> | <b>At Rest</b> |
|--|--------------------------|----------------|
| <b>Vocal Complaints</b> — nonverbal expression of pain demonstrated by moans, groans, grunts, cries, gasps, sighs)   |                          |                |
| <b>Facial Grimaces and Winces</b> — furrowed brow, narrowed eyes, tightened lips, dropped jaw, clenched teeth, distorted expression  |                          |                |
| <b>Bracing</b> — clutching or holding onto siderails, bed, tray table, or affected area during movement  |                          |                |
| <b>Restlessness</b> — constant or intermittent shifting of position, rocking, intermittent or constant hand motions, inability to keep still   |                          |                |
| <b>Rubbing</b> — massaging affected area   |                          |                |
| <b>Vocal complaints</b> — verbal expression of pain using words, e.g., "ouch" or "that hurts;" cursing during movement, or exclamations of protest, e.g., "stop" or "that's enough." |                          |                |
| <b>TOTAL SCORE</b>   |                          |                |

**Indications:** Behavioral Health adults who are unable to validate the presence of or quantify the severity of pain using either the Numerical Rating Scale or the Wong-Baker Faces Pain Rating Scale.

**Instructions:**

1. Write a 0 if the behavior was not observed
2. Write a 1 if the behavior even briefly during activity or rest
3. Results in a total score between 0 and 5.
4. The interdisciplinary team in collaboration with the patient (if appropriate), can determine appropriate interventions in response to CNVI scores.

**Reference**

Feldt, KS. (2000). The checklist of nonverbal pain indicators (CNPI). Pain Management Nursing, 1(1): 13-21.

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PAIN INTENSITY INSTRUMENTS  
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**COMFORT Scale** (page 1 of 2)

|                                      |   | DATE/TIME |  |  |  |  |  |  |
|--------------------------------------|---|-----------|--|--|--|--|--|--|
| <b>ALERTNESS</b>                     | 1 - Deeply asleep<br>2 - Lightly asleep<br>3 - Drowsy<br>4 - Fully awake and alert<br>5 - Hyper alert   |           |  |  |  |  |  |  |
| <b>CALMNESS</b>                      | 1 - Calm<br>2 - Slightly anxious<br>3 - Anxious<br>4 - Very anxious<br>5 - Panicky  |           |  |  |  |  |  |  |
| <b>RESPIRATORY DISTRESS</b>          | 1 - No coughing and no spontaneous respiration<br>2 - Spontaneous respiration with little or no response to ventilation<br>3 - Occasional cough or resistance to ventilation<br>4 - Actively breathes against ventilator or coughs regularly<br>5 - Fights ventilator; coughing or choking                            |           |  |  |  |  |  |  |
| <b>CRYING</b>                        | 1 - Quiet breathing, no crying<br>2 - Sobbing or gasping<br>3 - Moaning<br>4 - Crying<br>5 - Screaming  |           |  |  |  |  |  |  |
| <b>PHYSICAL MOVEMENT</b>             | 1 - No movement<br>2 - Occasional, slight movement<br>3 - Frequent, slight movements<br>4 - Vigorous movement<br>5 - Vigorous movements including torso and head  |           |  |  |  |  |  |  |
| <b>MUSCLE TONE</b>                   | 1 - Muscles totally relaxed; no muscle tone<br>2 - Reduced muscle tone<br>3 - Normal muscle tone<br>4 - Increased muscle tone and flexion of fingers and toes<br>5 - Extreme muscle rigidity and flexion of fingers and toes  |           |  |  |  |  |  |  |
| <b>FACIAL TENSION</b>                | 1 - Facial muscles totally relaxed<br>2 - Facial muscle tone normal; no facial muscle tension evident<br>3 - Tension evident in some facial muscles<br>4 - Tension evident throughout facial muscles<br>5 - Facial muscles contorted and grimacing  |           |  |  |  |  |  |  |
| <b>BLOOD PRESSURE (MAP) BASELINE</b> | 1 - Blood pressure below baseline<br>2 - Blood pressure consistently at baseline<br>3 - Infrequent elevations of 15% or more above baseline (1-3 during 2 minutes observation)<br>4 - Frequent elevations of 15% or more above baseline (> 3 during 2 minutes observation)<br>5 - Sustained elevations of 15% or more |           |  |  |  |  |  |  |
| <b>HEART RATE BASELINE</b>           | 1 - Heart rate below baseline<br>2 - Heart rate consistently at baseline<br>3 - Infrequent elevations of 15% or more above baseline (1-3 during 2 minutes observation)<br>4 - Frequent elevations of 15% or more above baseline (> 3 during 2 minutes observation)<br>5 - Sustained elevations of 15% or more         |           |  |  |  |  |  |  |
|                                      | <b>TOTAL SCORE</b>  |           |  |  |  |  |  |  |

Instructions for use of the Comfort Scale on page 2 of 2

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PAIN INTENSITY INSTRUMENTS  
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**COMFORT Scale** (page 2 of 2)

**Indications:** Infants, children and adults in a critical care or operative setting who are unable to use the Numeric Rating Scale or the Wong-Baker Faces Pain Rating Scale

**Instructions:**

1. Each of the nine (9) categories is scored from 1-5, which results in a total score between 9 and 45.
  - ☐ Alertness
  - ☐ Calmness
  - ☐ Respiratory Distress
  - ☐ Crying
  - ☐ Physical Movement
  - ☐ Muscle Tone
  - ☐ Facial Tension
  - ☐ Blood Pressure Baseline
  - ☐ Heart Rate Baseline
2. The interdisciplinary team in collaboration with the patient/family (if appropriate), can determine appropriate interventions in response to COMFORT Scale scores.

**Reference**

Ambuel, ., Hamlett, KW, Marx, CM, & Blumer, JL (1992). Assessing distress in pediatric intensive care environments: the COMFORT Scale. *Journal of Pediatric Psychology*, 17(1): 95-109.



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PAIN INTENSITY INSTRUMENTS  
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**FLACC Scale** (page 1 of 1)

| DATE/TIME  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>Face</b><br>0 - No particular expression or smile<br>1 - Occasional grimace or frown, withdrawn, disinterested<br>2 - Frequent to constant quivering chin, clenched jaw |  |  |  |  |  |  |
| <b>Legs</b><br>0 - Normal position or relaxed<br>1 - Uneasy, restless, tense<br>2 - Kicking, or legs drawn up  |  |  |  |  |  |  |
| <b>Activity</b><br>0 - Lying quietly, normal position, moves easily<br>1 - Squirming, shifting back and forth, tense<br>2 - Arched, rigid or jerking                       |  |  |  |  |  |  |
| <b>Cry</b><br>0 - No cry (awake or asleep)<br>1 - Moans or whimpers; occasional complaint<br>2 - Crying steadily, screams or sobs, frequent complaints                     |  |  |  |  |  |  |
| <b>Consolability</b><br>0 - Content, relaxed<br>1 - Reassured by occasional touching, hugging or being talked to, distractible<br>2 - Difficult to console or comfort      |  |  |  |  |  |  |
| <b>TOTAL SCORE</b>   |  |  |  |  |  |  |

**Indications:** Infants and children (2 months – 7 years) unable to validate the presence of or quantify the severity of pain.

**Instructions:**

- Each of the five (5) categories is scored from 0-2, which results in a total score between 0 and 10.  
☐ (F) Faces  
☐ (L) Legs  
☐ (A) Activity  
☐ (C) Cry  
☐ (C) Consolability
- The interdisciplinary team in collaboration with the patient/family (if appropriate), can determine appropriate interventions in response to FLACC Scale scores.

**Reference**

Merkel, SI, Voepel-Lewis, T., Shayevitz, JR, & Malviya, S. (1997). The FLACC: a behavioral scale for scoring postoperative pain in young children. Pediatric Nursing, 23(3): 293-297.

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PAIN INTENSITY INSTRUMENTS  
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**CRIES Pain Scale** (page 1 of 1)

| DATE/TIME   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <b>Crying</b> - Characteristic cry of pain is high pitched.<br>0 – No cry or cry that is not high-pitched<br>1 - Cry high pitched but baby is easily consolable<br>2 - Cry high pitched but baby is inconsolable  |  |  |  |  |  |  |
| <b>Requires O<sub>2</sub> for SaO<sub>2</sub> &lt; 95%</b> - Babies experiencing pain manifest decreased oxygenation. Consider other causes of hypoxemia, e.g., oversedation, atelectasis, pneumothorax)<br>0 – No oxygen required<br>1 – < 30% oxygen required<br>2 – > 30% oxygen required  |  |  |  |  |  |  |
| <b>Increased vital signs (BP* and HR*)</b> - Take BP last as this may awaken child making other assessments difficult<br>0 – Both HR and BP unchanged or less than baseline<br>1 – HR or BP increased but increase in < 20% of baseline<br>2 – HR or BP is increased > 20% over baseline.   |  |  |  |  |  |  |
| <b>Expression</b> - The facial expression most often associated with pain is a grimace. A grimace may be characterized by brow lowering, eyes squeezed shut, deepening naso-labial furrow, or open lips and mouth.<br>0 – No grimace present<br>1 – Grimace alone is present<br>2 – Grimace and non-cry vocalization/grunt is present |  |  |  |  |  |  |
| <b>Sleepless</b> - Scored based upon the infant's state during the hour preceding this recorded score.<br>0 – Child has been continuously asleep<br>1 – Child has awakened at frequent intervals<br>2 – Child has been awake constantly   |  |  |  |  |  |  |
| <b>TOTAL SCORE</b>  |  |  |  |  |  |  |

\* Use baseline preoperative parameters from a non-stressed period. Multiply baseline HR by 0.2 then add to baseline HR to determine the HR that is 20% over baseline. Do the same for BP and use the mean BP.

**Indications:** For neonates (0 – 6 months)

**Instructions:**

Each of the five (5) categories is scored from 0-2, which results in a total score between 0 and 10. The interdisciplinary team in collaboration with the patient/family (if appropriate), can determine appropriate interventions in response to CRIES Scale scores.

**Reference**

Krechel, SW & Bildner, J. (1995). CRIES: a new neonatal postoperative pain measurement score – initial testing of validity and reliability. Paediatric Anaesthesia, 5: 53-61.

## McGill Pain Questionnaire Present Pain Intensity Subscale (PPI)

Instructions: Show and read the pain scale to the resident. Wait for a verbal reply or for the resident to point to the appropriate response. Give the resident at least 30 seconds to reply. Repeat the question and directions at least three times to reply before a resident is considered unable to respond. The resident should be sitting upright, facing the interviewer. Have a good light. Be sure that the resident has his/her hearing aide(s) on if necessary.

0 — NO PAIN

1 — MILD

2 — DISCOMFORTING

3 — DISTRESSING

4 — HORRIBLE

5 — EXCRUCIATING



## Verbal Descriptor Scale

Instructions: Show and read the pain scale to the resident. Wait for a verbal reply or for the resident to point to the appropriate response. Give the resident at least 30 seconds to reply. Repeat the question and directions at least three times to reply before a resident is considered unable to respond. The resident should be sitting upright, facing the interviewer. Have a good light. Be sure the resident has his/her hearing aide(s) in if necessary. You also may want to try the words "aching," "soreness," or "discomfort," instead of "pain."

PAIN AS BAD AS IT IS

6 — COULD BE

5 — EXTREME PAIN

4 — SEVERE PAIN

3 — MODERATE PAIN

2 — MILD PAIN

1 — SLIGHT PAIN

0 — NO PAIN

If none of the above elements are missing from your facility's process for care please continue to another checklist.

### Checklist: Developing Pain Care Plans

Does your facility have a process for developing and implementing a care plan for pain for residents have been found to have pain upon screening?

- \_\_\_\_\_ No. If no, this is an area for improvement. Use this checklist and the Quality Improvement Worksheets to guide your team in implementing a process for developing a care plan for pain.
- \_\_\_\_\_ This is an area we are working on. Our target date for implementing a process for developing a care plan for pain is: \_\_\_\_\_. If needed, use the Quality Improvement Worksheets to guide your improvement process.
- \_\_\_\_\_ Yes. Please continue to the questions below.

Does the plan of care for pain address all the areas below?

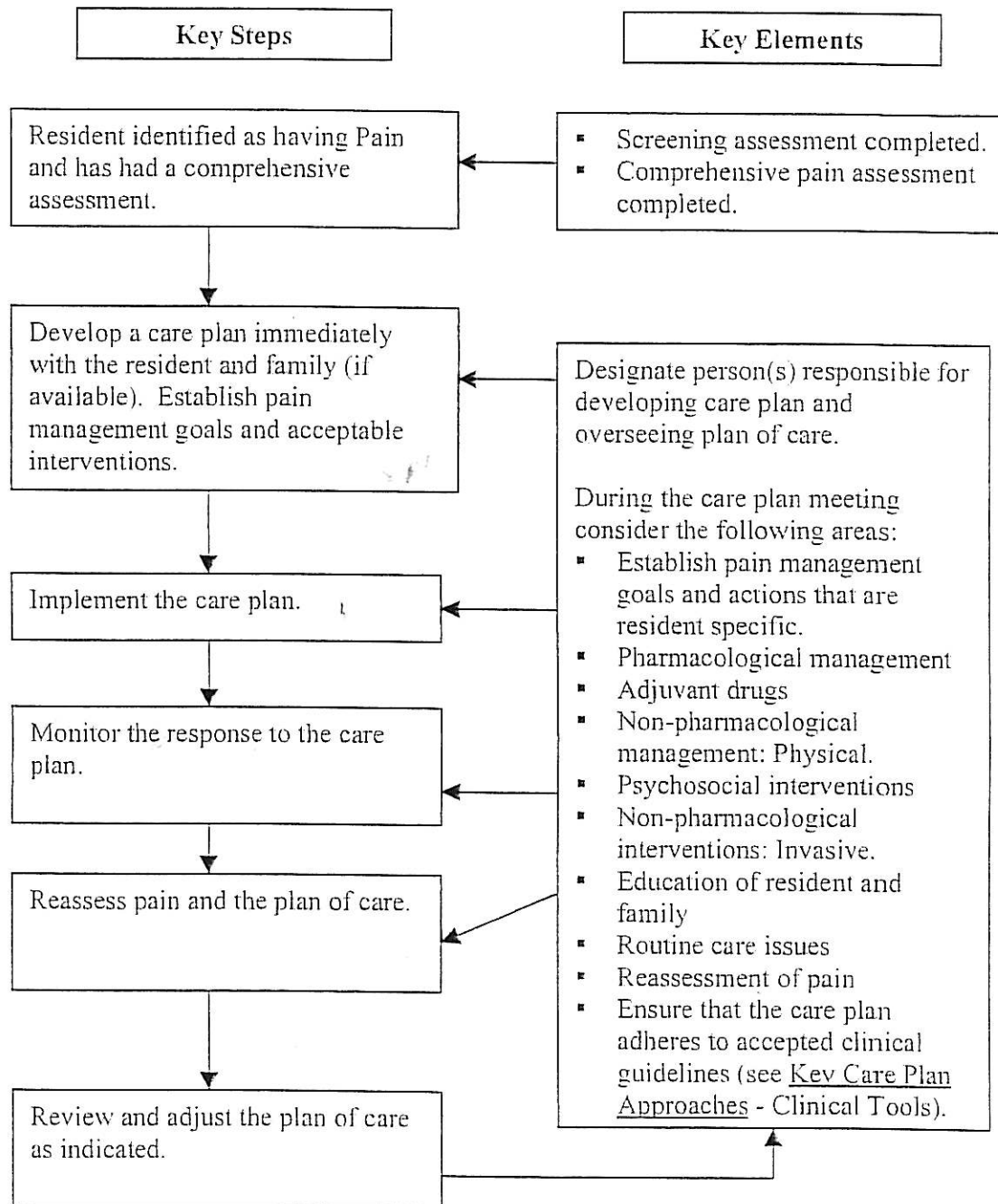
|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does the care plan for pain include a pain control goal as defined by the resident/caregiver/family member?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the care plan include education of the resident and family related to these areas of pain management:                                 |                          |                          |
| a. Goal of therapy.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Side effects (e.g., drowsiness).....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Constipation.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Overall treatment plan.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. For residents with daily pain, does the plan provide for medication on a regular schedule (e.g., around the clock), not just PRN?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the plan provide for medication use by mouth if at all possible?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the plan provide for using non-pharmacological approaches to pain management (e.g., massage, music, aromatherapy, ice or heat, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the plan provide for keeping the resident as mobile as possible?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the plan address positioning and proper movement to minimize the resident's pain?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the plan provide for a regular assessment (e.g., monitoring) of residents' response to pain medications?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the plan outline when the monitoring reassessment of resident's pain will be completed?   | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above elements in your process for care planning for pain are missing:

- Choose *one* element to focus your quality improvement effort first.
- Start with the Quality Improvement Worksheet A: Identifying Areas for Improvement to collect data to investigate further.
- Follow the Quality Improvement Worksheets to implement missing element(s) and monitor regularly to determine whether implementation is successful.

If none of the above elements are missing from your facility's process for care please continue to another checklist.

## Development of a Plan of Care for a Resident with Pain



# Pain Management Interdisciplinary Team Summary

Physician and IDT should discuss physician's findings and develop interventions

| Problem related to:<br>(check those that apply)                                   | Defining Characteristics<br>(check those that apply)                       | Goals<br>(check those that apply)  | Interventions<br>(check those that apply)   | Responsible Discipline   |
|---|--|--|---|--|
| <input type="checkbox"/> Chronic physical disability                              | <input type="checkbox"/> Resident self report of pain, discomfort, fatigue | <input type="checkbox"/> Resident will:<br>Verbalize or acknowledge pain when questioned by staff                                    | <input type="checkbox"/> 5th vital sign monitoring<br>Complete pain assessment<br>Monitor elements of pain:<br>Frequency<br>Intensity<br>Location | <input type="checkbox"/> Collaborate with physician/PA-C/NP if pain control measures currently ordered are ineffective                     |
| <input type="checkbox"/> Chronic psychological disability                         | <input type="checkbox"/> Observed non-verbal behavior cues of pain         | <input type="checkbox"/> Indicate location of pain when questioned by staff  | <input type="checkbox"/> Standardized pain scale used   | <input type="checkbox"/> Teach, coach, and monitor adjunct therapy (distraction imagery, relaxation)                                       |
| <input type="checkbox"/> Musculoskeletal impairment                               | <input type="checkbox"/> Physical and social withdrawal                    | <input type="checkbox"/> Establish a pain goal of tolerable limits on a standardized pain scale                                      | <input type="checkbox"/> Assess resident 20-30 minutes after medication administration for effectiveness  | <input type="checkbox"/> Document pain rating before/after interventions   |
| <input type="checkbox"/> Circulatory impairment                                   | <input type="checkbox"/> Altered ability to continue previous activities   | <input type="checkbox"/> Alert staff of need for PRN analgesic to maintain comfort   | <input type="checkbox"/> Record response to medications and adjust medication as necessary  | <input type="checkbox"/> Monitor sleep pattern, adjust medications and non-medication interventions to allow 3-4 hours uninterrupted sleep |
| <input type="checkbox"/> Skin or tissue impairment                                | <input type="checkbox"/> Anorexia  | <input type="checkbox"/> Express relief or decreased discomfort 20-30 minutes after analgesic use                                    | <input type="checkbox"/> Alert staff of need for non-medication interventions to improve/maintain comfort   | <input type="checkbox"/> Assess GI status and tolerance to medications; implement bowel program to prevent constipation                    |
| <input type="checkbox"/> Neurological impairment                                  | <input type="checkbox"/> Weight changes                                    | <input type="checkbox"/> Report or exhibit increased ROM 20-30 minutes after analgesic use   | <input type="checkbox"/> Demonstrate muscle relaxation when experiencing increased discomfort   | <input type="checkbox"/> Assess changes in pain that may indicate new problem  |
| <input type="checkbox"/> Advanced disease process                                 | <input type="checkbox"/> Changes in sleep patterns                         | <input type="checkbox"/> Verbalize frustrations & feelings regarding disease process   | <input type="checkbox"/> Educate resident/significant others about pain/pain relief measures  | <input type="checkbox"/> 1:1 visits to provide therapeutic intervention  |
| <input type="checkbox"/> Age  | <input type="checkbox"/> Facial mask of pain                               | <input type="checkbox"/> Express loss of intimacy and companionship  | <input type="checkbox"/> Utilize pain management flow sheet   | <input type="checkbox"/> 1:1 visits to encourage spiritual resources   |
| <input type="checkbox"/> Diagnosis/medical history of: (circle the correct Dx/Hx) | <input type="checkbox"/> Guarded movement                                  | <input type="checkbox"/> Participate in activity programs or leisure activities  | <input type="checkbox"/> Teach and perform non-medication interventions and evaluate effect (circle those that apply)                             | <input type="checkbox"/> 1:1 visits to identify food preferences and comfort foods   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Limited range of motion                           | <input type="checkbox"/> Have 3-4 hours of uninterrupted sleep at night  | <input type="checkbox"/> Positioning  | <input type="checkbox"/> Involve family in initial pain assessment   |
| <input type="checkbox"/> ASHD (Arteriosclerotic Heart Disease)                    | <input type="checkbox"/> Limited ability to transfer and ambulate          | <input type="checkbox"/> Will have decreased or resolved indicators of discomfort (crying, acting out, restlessness, insomnia, etc.) | <input type="checkbox"/> Massage  | <input type="checkbox"/> Document historical behavior to express pain  |
| <input type="checkbox"/> PVD (Peripheral Vascular Disease)                        | <input type="checkbox"/> Gait disturbance                                  |  | <input type="checkbox"/> Cold/heat  | <input type="checkbox"/> Around the clock (ATC) dosing of medications  |
| <input type="checkbox"/> Arthritis  | <input type="checkbox"/> Falls   |  | <input type="checkbox"/> Relaxation   | <input type="checkbox"/> Medicate before planned activities/exercises  |
| <input type="checkbox"/> Hip Fracture   | <input type="checkbox"/> Deconditioning                                    |  | <input type="checkbox"/> Diversion  |  |
| <input type="checkbox"/> Osteoporosis   | <input type="checkbox"/> Slow rehabilitation                               |  | <input type="checkbox"/> Exercise   |  |
| <input type="checkbox"/> Pathological Bone Fx                                     | <input type="checkbox"/> Cognitive dysfunction (impaired memory)           |  | <input type="checkbox"/> TENS   |  |
| <input type="checkbox"/> Other Fractures  | <input type="checkbox"/> Incontinence                                      |  | <input type="checkbox"/> Music  |  |
| <input type="checkbox"/> Multiple Sclerosis                                       | <input type="checkbox"/> Constipation                                      |  | <input type="checkbox"/> Elevation of extremities   |  |
| <input type="checkbox"/> Depression   |  |  | <input type="checkbox"/> Immobilization   |  |
| <input type="checkbox"/> Other: _____   |  |  |   |  |

| Date | Initials | Signature/Title | Initials | Signature/Title |
|------|----------|-----------------|----------|-----------------|
|      |          |                 |          |                 |
|      |          |                 |          |                 |

Resident \_\_\_\_\_ ID# \_\_\_\_\_

Room # \_\_\_\_\_ Physician \_\_\_\_\_

## RESPONSIBLE DISCIPLINES

CH = Chaplain  
DT = Dietary  
PR = Physician/Mid-Level Practitioner  
OT = Occupational Therapy  
FAM = Family

NS = Nursing Services  
PT = Physical Therapy  
ST = Speech Therapy  
RT = Recreational Therapy/Activities  
SS = Social Services



RESIDENT NAME

# PAIN ASSESSMENT TRACKING

ROUTINE PAIN MED / SIG

INFINITY N.P.

3RN PAIN MED / SIG

INSTRUCTIONS FOR USE ON BACK OF FORM

| PAIN MED ADMINISTERED |     | PAIN MED ADMINISTERED |     | PAIN MED ADMINISTERED |     | PAIN MED ADMINISTERED |     |
|-----------------------|-----|-----------------------|-----|-----------------------|-----|-----------------------|-----|
| ROUTINE               | PRN | ROUTINE               | PRN | ROUTINE               | PRN | ROUTINE               | PRN |
| 10                    |     | 10                    |     | 10                    |     | 10                    |     |
| 9                     |     | 9                     |     | 9                     |     | 9                     |     |
| 8                     |     | 8                     |     | 8                     |     | 8                     |     |
| 7                     |     | 7                     |     | 7                     |     | 7                     |     |
| 6                     |     | 6                     |     | 6                     |     | 6                     |     |
| 5                     |     | 5                     |     | 5                     |     | 5                     |     |
| 4                     |     | 4                     |     | 4                     |     | 4                     |     |
| 3                     |     | 3                     |     | 3                     |     | 3                     |     |
| 2                     |     | 2                     |     | 2                     |     | 2                     |     |
| 1                     |     | 1                     |     | 1                     |     | 1                     |     |
| 0                     |     | 0                     |     | 0                     |     | 0                     |     |
| 2:00AM                |     | 2:00AM                |     | 2:00AM                |     | 2:00AM                |     |
| 4:00AM                |     | 4:00AM                |     | 4:00AM                |     | 4:00AM                |     |
| 6:00AM                |     | 6:00AM                |     | 6:00AM                |     | 6:00AM                |     |
| 8:00AM                |     | 8:00AM                |     | 8:00AM                |     | 8:00AM                |     |
| 10:00AM               |     | 10:00AM               |     | 10:00AM               |     | 10:00AM               |     |
| 12 NOON               |     | 12 NOON               |     | 12 NOON               |     | 12 NOON               |     |
| 2:00PM                |     | 2:00PM                |     | 2:00PM                |     | 2:00PM                |     |
| 4:00PM                |     | 4:00PM                |     | 4:00PM                |     | 4:00PM                |     |
| 6:00PM                |     | 6:00PM                |     | 6:00PM                |     | 6:00PM                |     |
| 8:00PM                |     | 8:00PM                |     | 8:00PM                |     | 8:00PM                |     |
| 10:00PM               |     | 10:00PM               |     | 10:00PM               |     | 10:00PM               |     |
| 12 MID                |     | 12 MID                |     | 12 MID                |     | 12 MID                |     |
| DAY # 1 - DATE:       |     | DAY # 2 - DATE:       |     | DAY # 3 - DATE:       |     | DAY # 4 - DATE:       |     |

NOTES

| PAIN MED ADMINISTERED |     | PAIN MED ADMINISTERED |     | PAIN MED ADMINISTERED |     | PAIN MED ADMINISTERED |     |
|-----------------------|-----|-----------------------|-----|-----------------------|-----|-----------------------|-----|
| ROUTINE               | PRN | ROUTINE               | PRN | ROUTINE               | PRN | ROUTINE               | PRN |
| 10                    |     | 10                    |     | 10                    |     | 10                    |     |
| 9                     |     | 9                     |     | 9                     |     | 9                     |     |
| 8                     |     | 8                     |     | 8                     |     | 8                     |     |
| 7                     |     | 7                     |     | 7                     |     | 7                     |     |
| 6                     |     | 6                     |     | 6                     |     | 6                     |     |
| 5                     |     | 5                     |     | 5                     |     | 5                     |     |
| 4                     |     | 4                     |     | 4                     |     | 4                     |     |
| 3                     |     | 3                     |     | 3                     |     | 3                     |     |
| 2                     |     | 2                     |     | 2                     |     | 2                     |     |
| 1                     |     | 1                     |     | 1                     |     | 1                     |     |
| 0                     |     | 0                     |     | 0                     |     | 0                     |     |
| 2:00AM                |     | 2:00AM                |     | 2:00AM                |     | 2:00AM                |     |
| 4:00AM                |     | 4:00AM                |     | 4:00AM                |     | 4:00AM                |     |
| 6:00AM                |     | 6:00AM                |     | 6:00AM                |     | 6:00AM                |     |
| 8:00AM                |     | 8:00AM                |     | 8:00AM                |     | 8:00AM                |     |
| 10:00AM               |     | 10:00AM               |     | 10:00AM               |     | 10:00AM               |     |
| 12 NOON               |     | 12 NOON               |     | 12 NOON               |     | 12 NOON               |     |
| 2:00PM                |     | 2:00PM                |     | 2:00PM                |     | 2:00PM                |     |
| 4:00PM                |     | 4:00PM                |     | 4:00PM                |     | 4:00PM                |     |
| 6:00PM                |     | 6:00PM                |     | 6:00PM                |     | 6:00PM                |     |
| 8:00PM                |     | 8:00PM                |     | 8:00PM                |     | 8:00PM                |     |
| 10:00PM               |     | 10:00PM               |     | 10:00PM               |     | 10:00PM               |     |
| 12 MID                |     | 12 MID                |     | 12 MID                |     | 12 MID                |     |
| DAY # 5 - DATE:       |     | DAY # 6 - DATE:       |     | DAY # 7 - DATE:       |     | DAY # 8 - DATE:       |     |

NOTES



|                   |    | PAIN MED ADMINISTERED |        |        |        |         |         |        |        |        |        |         |        |
|-------------------|----|-----------------------|--------|--------|--------|---------|---------|--------|--------|--------|--------|---------|--------|
| ROUTINE           |    |                       |        |        |        |         |         |        |        |        |        |         |        |
| PRN               |    |                       |        |        |        |         |         |        |        |        |        |         |        |
| PAIN SCALE RATING | 10 |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 9  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 8  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 7  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 6  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 5  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 4  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 3  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 2  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 1  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   | 0  |                       |        |        |        |         |         |        |        |        |        |         |        |
|                   |    | 2:00AM                | 4:00AM | 6:00AM | 8:00AM | 10:00AM | 12 NOON | 2:00PM | 4:00PM | 6:00PM | 8:00PM | 10:00PM | 12 MID |
| DAY # 1 - DATE :  |    |                       |        |        |        |         |         |        |        |        |        |         |        |

Place a dot in the time block representing the time a routine or prn med administered  
ex: oxycontin q12h at 6A and 6p with 2 doses of prn morphine at 7A and 2P

Place a dot in the block representing the pain level at any given time during the day  
ex: pain rated as "7" at 6A, "8" at 7A, "4" at 10A, "7" at 2P, and "3" at 7P