Assessment

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Accurate assessment of each pain is paramount in achieving optimum control. This should include assessment of physical, social, psychological, cultural and spiritual dimensions as these may affect perception of pain. The description of the pain may help differentiate between different types of pain.

Types of pain	Description
Bone pain	**Poorly localised, constant, dull ache.**
Soft tissue pain	**Dull, nagging, usually well localised, possibly with some local tenderness.**
Neuropathic Pain	**Shooting, burning, stabbing. Sensory changes may be present.**

There are numerous tools available to help in the assessment of pain such as pain scales (visual analogue scales, numerical rating scales) and diaries.

Visual Analogue Scale: Mark line to indicate how strong your pain is

Numerical rating scale : on a scale of 0-10 with 0 being no pain and 10 the worst possible pain, how strong is your pain?

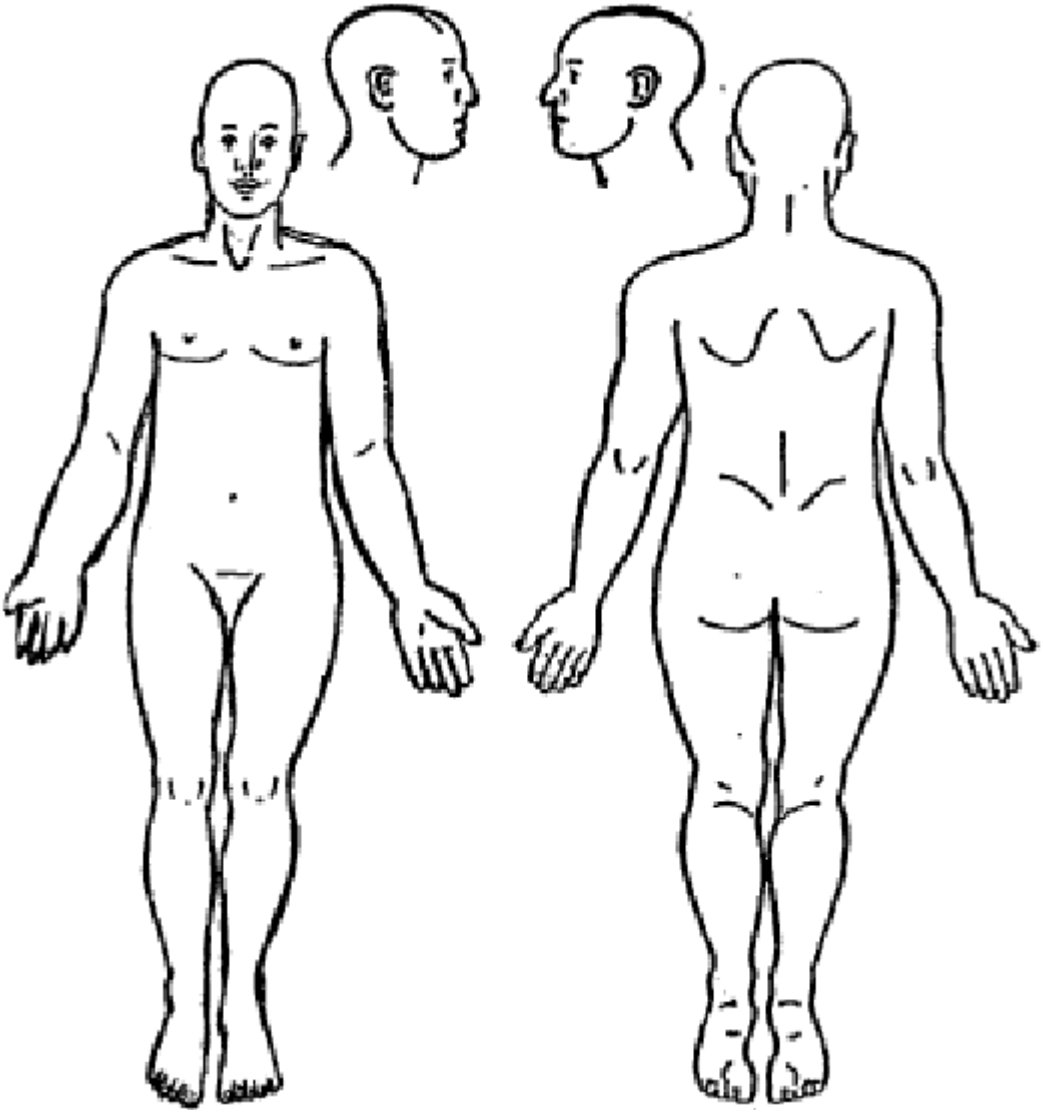
0 1 2 3 4 5 6 7 8 9 10

Body maps: mark site of pain(s) on diagram

Initial Pain Assessment

Patient's name _____ Date_____

Assessed by _____



Allocate each site of pain a letter (A, B etc)

Patient's own description of pain/s (including pain score on 1 st assessment)

Summary of pain/s history

What makes pain better?

What makes pain worse?

Aims of pain management

Words to describe pain

Tender, Crushing, Squeezing, Stabbing, Sharp, Electric shock, Aching, Sore, Burning, Continuous, Intermittent, Occasional, Throbbing, Dull, Discomfort

The following should also be considered:

- Severity e.g. 1-10 scale
- Site of the pain(s)
- How long has the pain(s) been present?
- Duration of pain(s)
- Frequency
- Aggravating factors e.g. walking
- Relieving factors e.g. heat
- Previous & current treatment(s)
- Impact on life e.g. sleeping, mood

Following this assessment, the likely cause of the pain(s) should be established and treatment tailored to the individual patient. This is achieved by:

- Setting of realistic goals
- Pain free at sleep
- Pain free at rest
- Pain free on movement
- Use of the WHO Analgesic Ladder
- Regular and p.r.n analgesia
- Re-assessment within 24 – 48 hours

If pain control not achieved, consider:

- Inaccurate assessment or reassessment of pain
- Breakthrough medication dose insufficient
- Adjuvant analgesia required
- Patient non-compliant with medication
- Patient has a fear of morphine, side effects, tolerance, and addiction
- Failure to address emotional, social or spiritual distress
- Complex pain requiring referral to specialist team