

**University of Wisconsin Hospital and Clinics  
Home Health Agency**

**600 Highland Avenue, Madison, WI 53792**

## PAIN MANAGEMENT FLOW SHEET

Use Pain Management Flow Sheet if:

- ◆ the pain score is 5 or greater *or*
- ◆ the patient is taking analgesics *or*
- ◆ the pain score is greater than patient's goal

PATIENT NAME	
MEDICAL RECORD NUMBER	PATIENT'S PAIN SCORE GOAL/SCALE USED:

<b>Date</b>				
<b>Pain Score (worst pain last 24 hrs)</b>				
<small>note: list medications pt actually taking</small> <b>Scheduled opioid dose</b>				
<b>Breakthrough pain meds</b>				
<b>NSAIDs/adjuvants</b>				
<b>Non-pharmacological methods used (use key)</b>				
<b>Date last BM</b>				
<b>Bowel regimen (mandatory for all patients on opioids)</b>				
<b>Secondary symptoms (use key)</b>				
<b>Interventions (use key)</b>				
<b>Comments</b>				
<b>Plan</b>				
<b>RN Signature</b>				

<b>Non pharmacological methods key:</b>	GI = Guided imagery      R = Rest      H = Heat application      D = Distraction      E = Exercises S = Sleep                      M = Massage      C = Cold application      RT = Relaxation techniques
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<b>Interventions key:</b> <small>(document specifics in visit report)</small>	E = Educate on med use and effects      P = Provide information and reassurance about misconceptions and fears      C = Call to MD
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<b>Secondary symptoms key:</b>	N = Nausea      V = Vomiting      C = Constipation      A = Anxiety      I = Itching      Cf = Confusion S = Sedation      T = Twitching      E = Epigastric Distress      H = Hallucinations BV = Blurred Vision      BL = Blood In Stools      D = Dry Mouth
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