

**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:

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

Non pharmacological methods key:	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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Interventions key: <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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Secondary symptoms key:	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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