

CITY OF HOPE NATIONAL MEDICAL CENTER
Interdisciplinary Pain Management Team
Nursing Assessment and Care Plan

Identifying Information

Date:

Name:

Phone Number: ()

Medical Record Number:

Sex: M F

Date of Birth: / / Age:

Primary Physician:

Marital Status: S M D W

Surgical History:

Primary Relationship:
Emergency Phone: ()

Allergies:

Ethnicity:

Advanced Directive: Yes / No

Language: English Spanish
Other

Specify:

Primary Diagnosis:

Code Status:

Other Diagnoses:

Pain Assessment

[Anatomical diagram could not be reproduced.]

1. Location/Cause:

A.

B.

C.

2. Intensity: Patient rating (0-10)

Average:

Best pain gets:

At present:

Acceptable level of pain:

Worst pain gets:

3. Quality: Patient's own words (i.e. ache, burn, throb, etc.)

4. Onset, duration, variations:

5. What relieves pain:

6. What causes or increases the pain:

Summary:

Location Cause* Average Intensity (0-10) Descriptive Code**

A.

B.

C.

* Causes: Malignant, Non-Malignant
** Descriptive codes: 1. Bony 2. Soft tissue 3. Visceral 4. Neural

Previous Experience with Pain

Pain Impact Scale

Activity	0 = not effective 10 = extremely effective	Activity	0 = not effective 10 = extremely effective
Biofeedback/Relaxation		Psychotherapy	
Exercise		Heat/Cold	
Bedrest		Massage/Rubbing	
Group Therapy		Prayer	
Medications		Accupressure	
Distraction		Accupuncture	
TENS Unit		Brace	
Other			

Physical Examination

Vitals:

Pulse

BP

RR

Mental Status:

Alert

Oriented

Somnolent

Lethargic

Comatose

Skin:

HEENT:

Chest:

Cardiac:

Abdomen:

Extremities:

Neurological:

Psychosocial Assessment Overall impact score:

Psychosocial Issues

Interviewer

Patient

1. Economic:

2. Emotional:

3. Social Support/Intimacy:

4. Coping Techniques:

5. Activities of Daily Living:

Associated Symptoms

Patient rates if present on scale (0-10)

Nausea:

Diarrhea:

Vomiting:

Constipation

Anxiety:

Depression:

Insomnia:

Shortness of Breath:

Anorexia:

Fatigue:

Sedation:

Pruritus:

Other:

