MARY HITCHCOCK MEMORIAL HOSPITAL

INITIAL PAIN RATING TOOL
(Use in conjunction with Pain Flow Sheet)

Pain ❑ No Pain ❑ Date of Onset _______________

Diagnosis: _____

Diagram of anatomical position could not be replicated.

Locations: (Indicate on Drawing) _____

Pattern: Constant _____ Intermittent _____ Other _____

Intensity: Patient rates the pain on 0-10 scale

At this time:	1 2 3 4 5 6 7 8 9 10
Worse pain gets:	1 2 3 4 5 6 7 8 9 10
Best pain gets:	1 2 3 4 5 6 7 8 9 10

How does patient describe pain:

❑ Shooting ❑ Prick ❑ Throb
❑ Ache ❑ Pull ❑ Dull
❑ Burn ❑ Sharp ❑ Other _____

What relieves pain? Medication _____

❑ Eating ❑ Massage ❑ Relaxation techniques
❑ Rest ❑ Heat ❑ Other _____
❑ Sleep ❑ Cold _____
❑ Repositioning ❑ Exercise _____

What causes pain to increase? _____
_____
_____

Indicate how pain affects:
(Note – decreased function, decreased quality of life.)

Sleep _____
Mood _____
Activity _____
Nutrition _____
Elimination _____
Social Interaction _____
Self Image _____
Sexuality _____

Is there anything else you want to tell me about the pain? (Use patient's own words)

_____
Initials of Nurse Completing Form

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Name:
Admission No.:

**SEDATION SCALE
0 = None
1 = Mild (easy arouse: occasionally drowsy)
2 = Moderate (frequently drowsy; easy to arouse)
3 = Severe (somnolent; difficult to arouse
S = Normal sleep (easy to arouse)

PAIN FLOW SHEET

*Date/Time													
*Nurse Initials													
*Med(s) Dose													
*Non-Med Intervention													
*Most Intense Pain 10													
Use number 9													
Scale or 8													
Patient's Own 7													
Words 6													
5													
4													
3													
2													
1													
No Pain Sensation 0													
*Respiratory Rate													
*Sedation Rating**													
B.M.													
Nausea/Vomiting													
Comments: Appetite, Activity, Depression Anxiety Other													