



Dear Colleague:

We appreciate your interest in the Pain Audit Tools developed and used at the City of Hope Medical Center. Attached for your information and use are three examples.

Example 1 is the Chart Audit Form. A few comments about the items are:

1. Item 3 identifies disease status based on our oncology population. You may want to modify this to represent different patient groups in your setting.
2. Items 8 & 9 identify how pain is currently charted. For example, you might note that the physician states pain is mild; evening nurse states that pain is better. No recordings on days or evening shifts.≡
3. Items 10 and 11 refer to follow-up evaluation. This is particularly useful since JCAHO looks at evaluation very closely.

Example 2 is the Patient Interview Component of the audit. You may also need to modify this form based on your patient population. We have found item 14 to be particularly helpful when compared to item 7 of the chart review form so that we can contrast what medication and dose is ordered for the patient versus what they are actually taking. In each of these audits we have found that the patients are consuming only a fraction, generally approximately 50%, of the medicines that are prescribed. This points to our need to improve compliance with medications already available in addition to ordering more appropriate medications.

Example 3 is a chart review form that was developed specifically for our Surgical Service. We have designated some specific surgeries to be reviewed. You may want to modify this based on the surgical procedures that you are interested in. This form serves as an example of modifying the audit to meet specific areas or needs.

You may also find the following articles useful in your efforts to conduct pain audits:

Betty Ferrell, Cheryl Wisdom, Michelle Rhiner, and Joseph Alletto. Pain management as a quality of care outcome. *Journal of Nursing Quality Assurance*, 1991; 5(2):50-58.

Betty Ferrell, Margo McCaffery, and Rebecca Ropchan. Pain Management as a Clinical Challenge for Nursing Administration. *Nursing Outlook*, 1992:40(6); 263-268.

You may also wish to contact the American Pain Society for their QA guidelines (5700 Old Orchard Road, First Floor, Skokie IL 60077-1057, 708/966-5595).

We hope that these forms are useful to you. We have found auditing charts and doing patient interviews is a very important component of quality assurance to improve pain management. We look forward to hearing about your efforts.

Sincerely,

A handwritten signature in black ink that reads "Betty R. Ferrell PhD, FAAN". The signature is written in a cursive style.

Betty R. Ferrell, RN, PhD, FAAN
Research Scientist
Nursing Research and Education

CHART AUDIT

Subject # _____
Medical Record # _____
Interviewer Initials _____
Date _____

1. Patient Setting/Unit _____

2. Patient Diagnosis _____

3. Disease Status: ___ Cancer/Active Treatment
 ___ Cancer/Remission
 ___ Cancer/Palliative Care
 ___ Other than cancer _____

4. Current Treatments

_____ Radiation _____ Chemo _____ Surgery _____ Other (List) _____

5. Reason for Admission/Visit _____

6. Admitting Medical Service _____

Chart Review

7. What is currently prescribed for the patient's pain?

Medication	When Started	Dose	Route	Schedule

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8. Is there evidence of use of objective ratings (i.e. visual analogues, rating scales, pain tools)?

 No Yes

(If yes identify both the rater and rating, example: "0-5 rating scale in nurse's notes")

9. Documented descriptions of pain other than objective ratings for the previous 24-hour period. If present, specify rater and description. (Example: "Physicians progress report says "Pain better.")

10. Has a follow-up evaluation been charted for:

Medications: Yes No Other Modalities Yes No

11. Is pain assessment reflected in:

RN Admission/Hx: Yes No RN Notes-Last 24 Hrs Yes No

RN Care Plan: Yes No MD H&P Yes No

Last MD Progress Note: Yes No

Other: Yes No _____

PATIENT PAIN INTERVIEW

Your comfort is very important to us. We would appreciate your input on the following survey so that we might learn how to better relieve your pain. Your answers to this survey will remain confidential. Your participation is completely voluntary.

1. Your Age ___ 2. ___ Male ___ Female
3. Your Diagnosis _____
4. When was your cancer first diagnosed? ___ Month ___ Year
5. When did your pain first begin? ___ Month ___ Year
6. Who writes the prescriptions for your pain medications? (List doctors' names) _____

Please answer the following questions by circling the one number on each line that best describes your pain or other symptoms.

7. How much pain do you have right now?

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain As Bad As
You Can Imagine

8. Over the past 24 hours, what is the average amount of pain you have had?

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain As Bad As
You Can Imagine

9. What is the worst amount of pain you have had in the last week?

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain As Bad As
You Can Imagine

10. Do you have a problem with constipation?

0 1 2 3 4 5 6 7 8 9 10
No Problem Severe Problem

11. Do you have nausea?

0 1 2 3 4 5 6 7 8 9 10
Never All the Time

12. Do you have a problem with drowsiness or sleepiness from your medication?

0 1 2 3 4 5 6 7 8 9 10
 Never All the Time

13. How satisfied are you overall with the current treatment you are receiving for your pain?

0 1 2 3 4 5 6 7 8 9 10
 Not At Very Satisfied
 All Satisfied

14. What medicines are you taking for pain? Please list.

Name of Medicine	How Much Is Ordered	How Much Have You Taken In Last 24 Hours

15. Which of the following influence or interfere with your pain management? (Check all that apply.)

- Money to pay for pain medications.
- Communicating or explaining your pain to others.
- Coming in to pick up prescriptions.
- Being afraid of being addicted to pain medicines.
- Side effects of pain medicine.
- Concern that I should save some pain medicine in case my pain gets worse.
- Other (Describe) _____
- _____

16. Are you seeing any specialists for help with your pain? (Check any that apply.)

- Anesthesia
- Physical Therapy
- Pain Team
- Neurology
- Psychologist
- Occupational Therapy
- Radiation
- Other (Describe) _____

17. Are you using anything other than medicines for your pain?

- Cold
- Massage
- Heat
- Relaxation
- Imagery
- TENS Unit
- Other (Describe) _____

Please write any other information you would like to share on the back of this survey. Thank you for your help.

Medical Record # _____

Pt. Completed _____ Area _____

Interviewed _____

CITY OF HOPE NATIONAL MEDICAL CENTER
Chart Review

METHODS: Nursing staff to complete on day of discharge.

1. Patient setting: _____

2. Patient diagnosis

Primary surgical: _____

Primary medical: _____

Other medical: _____

3. Cause of pain: _____

4. Surgical procedures

Abdominal:

Γ Gastric, subtotal w/ bypass
Γ Gastric, total w/ bypass
Γ Gastric, other specify _____

Γ Colon, hemicolectomy w/ colostomy
Γ Colon, hemicolectomy w/ primary anastomosis
Γ Colon, other, specify _____

Γ Rectal, abdominal-perineal resection, w/ colostomy
Γ Rectal, abdominal-perineal w/low anastomosis
Γ Rectal, other, specify _____

Γ Pancreatic, whipple procedure
Γ Pancreatic, biopsy w/ bypass
Γ Pancreatic, other, specify _____

Breast

Γ Mastectomy
Γ Lumpectomy
Γ Axillary node dissection

Gynecologic:

- Ovarian, TAH/BSO
- Corpus uteri, TAH/BSO
- Cervix uteri, TAH/BSO
- Vulva, Radical vulvectomy
- Pelvic exenteration
- Other

Disease Status:

- Active treatment
- Remission
- Palliative

5. Date of surgery: _____

6. Date of first ambulation: _____

7. Complications: Pneumonia _____
 Wound infection _____

8. **Prior substance abuse history:** Alcohol _____
(taken from H&P) Narcotics _____
 Other _____

9. Is there evidence of use of objective ratings (i.e. visual analogues, rating scales, pain tools)?
 No Yes Rater _____, rating _____

10. Are there documented descriptions of pain *other than objective ratings* for the previous 24-hour period?
 No Yes Rater _____
Description _____

DOCUMENTATION:

11. Has a follow-up evaluation been charted for:
Medications: Yes No
Other modalities: Yes No

12. Is pain assessment reflected in:

RN Admission/HX: Yes No RN Notes-Last 24 hrs Yes No

RN Care plan: Yes No MD H&P Yes No

Last MD progress Yes No Other: _____ Yes No

13. Perioperative pain medications:

Location	Date	Medication	Dose	Route	Taken	Schedule
Pre-Op						
OR						
Recovery						
ICU						
Ward						
Discharge Meds						
Home Phone Follow-Up						