



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, flowing 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 |
|------------|--------------|------|-------|----------|
|            |              |      |       |          |
|            |              |      |       |          |
|            |              |      |       |          |
|            |              |      |       |          |
|            |              |      |       |          |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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    \_\_\_\_\_



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:**

Gastric, subtotal w/ bypass  
 Gastric, total w/ bypass  
 Gastric, other specify \_\_\_\_\_

Colon, hemicolectomy w/ colostomy  
 Colon, hemicolectomy w/ primary anastomosis  
 Colon, other, specify \_\_\_\_\_

Rectal, abdominal-perineal resection, w/ colostomy  
 Rectal, abdominal-perineal w/low anastomosis  
 Rectal, other, specify \_\_\_\_\_

Pancreatic, whipple procedure  
 Pancreatic, biopsy w/ bypass  
 Pancreatic, other, specify \_\_\_\_\_

**Breast**

Mastectomy  
 Lumpectomy  
 Axillary node dissection





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 |      |            |      |       |       |          |