# Pain Management Communication

**Physician/ARNP Name:**  
**Patient Name:**  
**DOB:**

<table>
<thead>
<tr>
<th>Cognitively Impaired?</th>
<th>Observed Behaviors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(check if yes)</td>
<td>Whining</td>
</tr>
<tr>
<td></td>
<td>“Ouch”</td>
</tr>
<tr>
<td></td>
<td>Wincing</td>
</tr>
<tr>
<td></td>
<td>Bracing</td>
</tr>
<tr>
<td></td>
<td>Gasping</td>
</tr>
<tr>
<td></td>
<td>“That hurts”</td>
</tr>
<tr>
<td></td>
<td>Wrinkled forehead</td>
</tr>
<tr>
<td></td>
<td>Guarding</td>
</tr>
<tr>
<td></td>
<td>Furrowed brow</td>
</tr>
<tr>
<td></td>
<td>Rubbing body part/area</td>
</tr>
<tr>
<td></td>
<td>Clenched jaw</td>
</tr>
<tr>
<td></td>
<td>Clutching/holding body part/area during movement</td>
</tr>
<tr>
<td></td>
<td>Guarding</td>
</tr>
</tbody>
</table>

**Pain Intensity:**

- **Standard pain scale used:**
  - Numeric Rating Scale (0-10)
  - Verbal Descriptor Scale (no pain, mild pain, moderate pain, severe pain, extreme pain, pain as bad as could be)
- **PAINAD; score:**

**Pain Intensifies with:**

- Sleep
- Ambulation
- Appetite
- Activities
- Transfers

**Types of Pain:**

- Neuropathic
- Nociceptive (Joint/bone/soft tissue)
- Other: _______________

**Location(s) of Pain:**

**Pain Pattern:**

- Constant
- Intermittent
- Constant with Breakthrough

**Quality of pain (use descriptive adjectives of patient):**

- Aching
- Burning
- Cramping
- Crushing
- Dull
- Numbness
- Pins & Needles
- Sharp
- Stabbing
- Throbbing

**Other:**

**Current analgesic regimen:**

**Analgesics tried in the past:**

**Relevant side effects:**

**Treatment Suggestions**

- Patient/Family requests
- Nurse requests

**Date:**

**RN Signature:**

**New Orders**

- Continue Same Orders
- Change Orders as Follows:

**Date:**

**Physician/ARNP Signature:**

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*Cancer Pain in Elders: Promoting EBP’s in Hospices*

*NCI Grant R01 CA115363; Keela Herr, PhD, RN, FAAN, The University of Iowa*