



## PAIN MANAGEMENT FLOW SHEET

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| PAIN – ASK PATIENT TO RATE PAIN ON SCALE 0-10:   |  | NO PAIN<br>  0   | 5 | WORST PAIN<br>10  |
| <b><u>SIDE EFFECTS</u></b><br>N = NAUSEA<br>V = VOMITING<br>I = ITCHING<br>R = URINARY RETENTION<br>C = CONSTIPATION<br>O = NONE |  | <b><u>DESCRIPTION OF PAIN</u></b><br>D = DULL<br>S = SHARP<br>B = BURNING<br>A = ACHE<br>T = THROBBING<br>O = OTHER (SEE COMMENTS)   |   | <b><u>HOW LONG DOES PAIN LAST</u></b><br>C = CONTINUOUS<br>I = INTERMITTENT<br>W/W = WAX / WANE |
| <b><u>OTHER SYMPTOMS</u></b><br>SOB = SHORTNESS OF BREATH<br>N = NAUSEA<br>V = VOMITING<br>G = GUARDING<br>P = PARESTHESIA       |  | <b><u>ADDITIONAL MEASURES</u></b><br>R = REMEDICATE<br>N = NOTIFY MD<br>I = ICE<br>H = HEAT<br>T = ELECTROANALGESIA (E.G. TENS)<br>C = RELAXATION, DISTRACTION IMAGERY<br>D = PATIENT DECLINES |   |   |

| DATE | TIME | DRUG | DOSE | ROUTE | PAIN SCALE | DESC. OF PAIN | LOCATION OF PAIN | HOW LONG DOES PAIN LAST | OTHER SYMPTOMS PRESENT | SIDE EFFECTS | PAIN SCALE 30 MIN AFTER IV/IM; 60 MIN AFTER PO | IF NO RELIEF, ADDITIONAL MEASURES | COMMENTS (E.G., AGGRAVATING AND/OR ALLEVIATING FACTORS) | SIGNATURE |
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