



Alteration in Comfort: Pain

Patient Label

Actual Potential

Related To: <i>[Check those that apply]</i>		As Evidenced By: <i>[Check those that apply]</i>		
<input type="checkbox"/> Cancer <input type="checkbox"/> Trauma <input type="checkbox"/> Diagnostic test <input type="checkbox"/> Immobility <input type="checkbox"/> Fear	<input type="checkbox"/> Anxiety/stress <input type="checkbox"/> Overactivity <input type="checkbox"/> Other: _____ _____ _____	Major: <i>(Must be present)</i>	<input type="checkbox"/> Patient reports or demonstrates discomfort	
		Minor: <i>(Must be present)</i>	<input type="checkbox"/> Autonomic response to acute pain: <ul style="list-style-type: none"> • Increased BP, P, R • Diaphoresis • Dilated pupils • Guarding • Facial mask of pain • Crying/moaning • Abdominal heaviness • Cutaneous irritation 	
Date & Initials	Plan and Outcome <i>[Check those that apply]</i>	Target Date:	Nursing Interventions <i>[Check those that apply]</i>	Date Achieved:
	The patient will: <input type="checkbox"/> Experience relief of pain A.E.B. <ul style="list-style-type: none"> • Verbal report of relief of pain • Less autonomic responses to pain <input type="checkbox"/> Other: _____ _____		<input type="checkbox"/> Assess characteristics of pain: <ul style="list-style-type: none"> • Location • Severity on a scale of 1-10 • Type • Frequency • Precipitating factors • Relieving factors <input type="checkbox"/> Eliminate factors that precipitate pain: _____ _____ <input type="checkbox"/> Offer analgesics (according to physician's order). <input type="checkbox"/> Teach patient to request analgesics before pain becomes severe. <input type="checkbox"/> Explore non-pharmacological methods for reducing pain: <ul style="list-style-type: none"> • Back rubs • Slow rhythmic breathing • Repositioning • Diversional activities such as music, TV, etc. <input type="checkbox"/> Other: _____ _____ _____	

Initials	Signature

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