



Pumili ka ng numero simula sa isa (1) hangang sampu (10) at ilarawan mo ang iyong pananakit:

0 1 2 3 4 5 6 7 8 9 10

Walang masakit

Masyadong masakit na masakit

O: Pumili ka ng salita at ilarawan mo ang iyong pananakit:

Walang masakit

Masakit nang konti

Masakit

Napakasakit

O: Pumili ka ng pinakamagaling mukha at ilarawan mo ang iyong nararamdaman:



0

Walang Masakit



1

Masakit nang konti lang



2

Masakit ng konti



3

Talagang masakit



4

Masakit na masakit



5

Masyadong masakit na masakit

Pain Assessment Scales

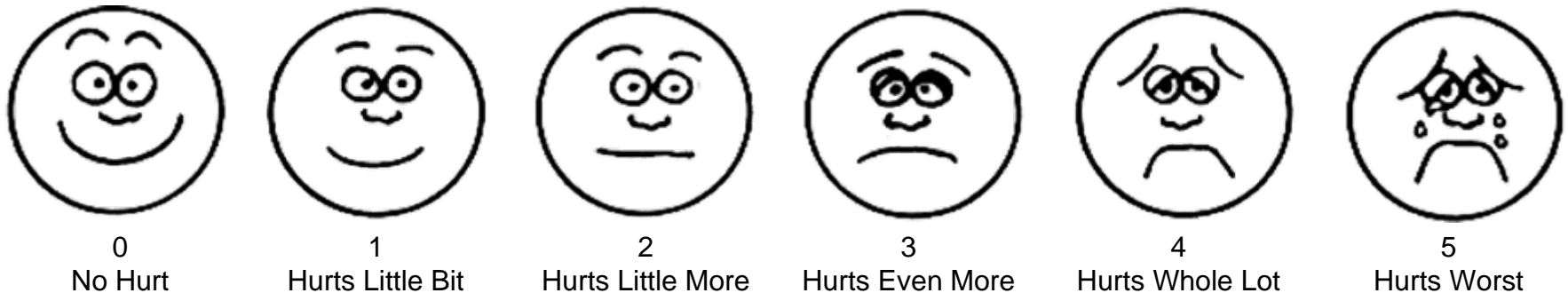
Choose a number from 0 to 10 that best describes your pain:

0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Pain

OR: Choose a word that best describes your pain:

No Pain Mild Moderate Severe

OR: Choose the face that best describes how you feel:



Face scale from Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P: Wong's Essentials of Pediatric Nursing, 6/e, St. Louis, 2001, P. 1301. Copyright by Mosby, Inc. Reprinted with permission.

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Non-verbal Assess - OVER➤

PAIN ASSESSMENT

Screen/assess for pain

- When you first meet your patient
- Before and after pain-relieving interventions (reassessment)

Provide patient/family education on:

- Pain management (give handout “Pain Management”)
- PCA (give handout “PCA: Patient-controlled analgesia – You are in charge”)

For patients who verbally report pain:

Onset: When did your pain start?

Location: Where on your body is your pain?

Duration & Pattern: Is your pain always there, or does it come and go?

Character & Quality: How does your pain feel? (*sharp, aching, dull...*)
What number, word, or face best describes your pain?

Aggravating & Relieving Factors: What makes your pain worse?
What makes your pain better?

For patients who are unable to verbally report pain:

1. Attempt to elicit self-report of pain (point on pain scale, draw picture).
2. Identify pathologic conditions or procedures that may cause pain.
3. Identify and treat other problems that may contribute to discomfort (such as infection, constipation, urinary retention, pressure points, etc.).
4. Observe for behaviors recognized as pain-related: facial expressions, vocalizations, physical movement, change in mental status, change in activity or routines, change in interpersonal interactions.
5. Ask caregivers and family familiar with patient about possible pain indicators.
6. Attempt analgesic trial and observe for changes in patient behaviors and complete pain reassessments over time.

**PLEASE KEEP IN PATIENT
AND EXAM ROOMS**