

Pain Screening Form

Current Diagnosis: Refer to Cumulative Diagnoses Sheet Refer to Section I. MDS Disease Diagnoses
 Refer to Resident Medical Record Face Sheet Other: _____

Reasons for Screening Assessment: 5th Vital Sign Routine Monitoring Other: _____

Instructions: This is a screening tool to be used for weekly monitoring of residents to identify any pain that may need a more in depth assessment. (The frequency of use can be determined by the facility.)

Parameter		Nursing Assessment		Date of Assessment			
				1	2	3	4
1	New Pain	5	Any new pain				
2	Mental Status	0	Alert				
		1	Confused				
		2	Comatose				
3	Ability to verbally communicate	0	Able to communicate				
		1	Somewhat able to communicate				
		2	Unable to communicate				
4	Routine medications ordered for pain	0	Ordered & effective				
		1	Ordered & somewhat effective (moderate relief)				
		2	Not ordered & ineffective (no relief)				
5	Frequency of pain	0	No pain				
		1	Intermittent/occasionally (less than daily)				
		2	Daily				
6	Conditions/diagnosis associated with potential for pain	0	No conditions/diagnoses				
		1	One condition/diagnoses				
		2	More than one condition/diagnoses				
7	Intensity of pain Pain Scale (circle) Num 0-5 0-10	0	No pain				
		1	Moderate pain				
		2	Severe pain				
8	Observations of pain	0	No observations of pain				
		1	Observations of pain with movement				
		2	Other pain: facial expressions, guarding, moaning, restlessness, rubbing area				
Score 5 or greater indicates comprehensive assessment needed		Total Score					

Signature/Title /Date	Signature/Title/Date
1	3
2	4

Resident _____ ID# _____

Room # _____ Physician _____
 (or a facility label can be placed here)

Permission granted to modify and reprint by St. Benedict Health Center, Dickinson, ND.