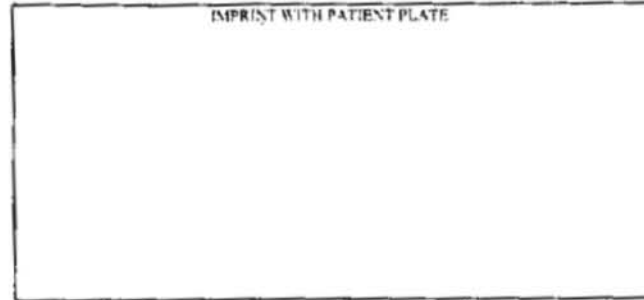


MEMORIAL HOSPITAL



PATIENT CARE PLAN
Alteration in Comfort: Pain

() Actual () Potential

Page 1 of 1

Related To:

[Check those that apply]

- | | |
|---|--|
| <input type="checkbox"/> Musculoskeletal disorder | <input type="checkbox"/> Immobility/improper positioning |
| <input type="checkbox"/> Visceral disorder | <input type="checkbox"/> Pressure points |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Information | <input type="checkbox"/> Fear |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Anxiety/stress |
| <input type="checkbox"/> Diagnostic test | <input type="checkbox"/> Overactivity |
| | <input type="checkbox"/> Other: _____ |
| | _____ |
| | _____ |

As evidenced by:

[Check those that apply]

- | | |
|------------------------------------|--|
| Major:
(Must be present) | <input checked="" type="checkbox"/> Pt. reports or demonstrates discomfort. |
| Minor:
(May be present) | <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 [Check those that apply]	Target Date:	Nursing Interventions [Check those that apply]	Initials & Date Achieved:
	The patient will: <input checked="" type="checkbox"/> Experience relief of pain as evidenced by: <ul style="list-style-type: none"> • verbal reports of relief of pain • less autonomic responses to pain <input type="checkbox"/> Other:	By d/c	<input checked="" type="checkbox"/> Assess color, BP, Asses characteristics of pain: location, severity on a scale of 1-10, type, frequency, precipitating factors, relief factors. <input type="checkbox"/> Eliminate factors that precipitate pain: eg.: _____ <input checked="" type="checkbox"/> Offer analgesics prn (according to physician order). <input checked="" type="checkbox"/> Teach patient to request analgesics before pain becomes severe. <input type="checkbox"/> Explore non-pharmacological methods for reducing pain/promoting comfort: <ul style="list-style-type: none"> • back rubs • slow rhythmic breathing • repositioning • diversional activities such as music, TV, etc <input type="checkbox"/> Other:	

RN Initials and Signature: _____ (within 24 hrs of admission) Physician Signature: _____