MEMORIAL HOSPITAL

PATIENT CARE PLAN
Alteration in Comfort: Pain
( ) Actual ( ) Potential
Page 1 of 1

Related To:
[Check those that apply]
( ) Musculoskeletal disorder
( ) Visceral disorder
( ) Cancer
( ) Information
( ) Trauma
( ) Diagnostic test
( ) Other: __________________________

As evidenced by:
[Check those that apply]
Major:
(Must be present) (X) Pt. reports or demonstrates discomfort.

Minor:
(May be present)
( ) Autonomic response to acute pain:
• increased BP, P, R
• diaphoresis
• dilated pupils
• guarding
• facial mask of pain
• crying/moaning
• abdominal heaviness
• cutaneous irritation

<table>
<thead>
<tr>
<th>Date &amp; Initials</th>
<th>Plan and Outcome [Check those that apply]</th>
<th>Target Date:</th>
<th>Nursing Interventions [Check those that apply]</th>
<th>Initials &amp; Date Achieved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient will: (X) Experience relief of pain as evidenced by: • verbal reports of relief of pain • less autonomic responses to pain ( ) Other:</td>
<td>By d/c</td>
<td>(X) Assess color, BP, Assess characteristics of pain: location, severity on a scale of 1-10, type, frequency, precipitating factors, relief factors.</td>
<td>( ) Eliminate factors that precipitate pain: eg.: __________________________</td>
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<td>(X) Offer analgesics prn (according to physician order).</td>
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<td>(X) Teach patient to request analgesics before pain becomes severe.</td>
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<td>( ) Explore non-pharmacological methods for reducing pain/promoting comfort: • back rubs • slow rhythmic breathing • repositioning • diversional activities such as music, TV, etc</td>
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<td>( ) Other:</td>
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RN Initials and Signature: __________________________ (within 24 hrs of admission) Physician Signature: __________________________