

Communication Worksheet For Pain Interventions

Person's Name _____

Physician _____ Phone _____

Diagnosis: _____

Allergies: _____

Location of Pain: _____

Quality of Pain (word descriptors) _____

Intensity of Pain: _____

Behavioral Changes Noted _____

Analgesic Medications received in the past 24 hours - drug, dose, route and #BTP doses given:

Analgesic Medications tried in the past: _____

Suggestions for changes in management: _____

New Orders Received: √ : YES NO

Changes made on Dr. Order Form √ : YES NO

Changes made on Medication Form √ : YES NO

Medications Ordered (if necessary) √ : YES NO

Nurse Signature: _____ Date _____