



NURSING OBSERVATION FOR PAIN

Name:

Date of Birth:

Admission Date:

Sex:

Room Number:

Ask the patient to score the pain on a visual analogue scale:

0 1 2 3 4 5

0 = No pain

2 = Mild pain

3 = Moderate pain

4 = Severe pain

5 = Worse pain they can imagine

Ask the patient what words they would use to describe the pain.

For instance: Sharp Burning
 Throbbing Dull
 Shooting Aching
 Stabbing Sore
 Crushing

If the patient finds this difficult, ask:

1. Is it like toothache?
2. Is it like a headache?
3. Does it feel like a bruise?
4. Is it like joints aching?

DATE	Time	PAIN SORE (Use the Visual Scale)	OBSERVATION	Medication given/administered	Time Administered	REMARKS

