

Checklist: Measuring and Recording a Patient's Pain Level

Measuring and Recording a Patient's Pain Level	Able to Perform	Unable to Perform
1. Perform hand hygiene before patient contact.	<input type="checkbox"/>	<input type="checkbox"/>
2. Review the patient's care plan and any provider orders related to pain assessment or monitoring.	<input type="checkbox"/>	<input type="checkbox"/>
3. Gather necessary supplies or documentation tools, including approved pain scale forms if required.	<input type="checkbox"/>	<input type="checkbox"/>
4. Identify the patient using facility-approved identification procedures.	<input type="checkbox"/>	<input type="checkbox"/>
5. Explain the pain assessment procedure to the patient.	<input type="checkbox"/>	<input type="checkbox"/>
6. Ensure the patient is comfortable and positioned appropriately for assessment.	<input type="checkbox"/>	<input type="checkbox"/>
7. Ask the patient if they are currently experiencing pain or discomfort.	<input type="checkbox"/>	<input type="checkbox"/>
8. Use the facility-approved pain scale appropriate for the patient's age, cognitive status, and communication ability.	<input type="checkbox"/>	<input type="checkbox"/>
9. Ask the patient to rate pain using a numeric scale such as 0 to 10 when appropriate, with 0 meaning no pain and 10 meaning the worst possible pain.	<input type="checkbox"/>	<input type="checkbox"/>
10. For patients unable to use a numeric scale, use approved observational or descriptive pain assessment methods according to facility policy.	<input type="checkbox"/>	<input type="checkbox"/>
11. Ask the patient to describe the location of the pain.	<input type="checkbox"/>	<input type="checkbox"/>
12. Ask the patient to describe the quality of the pain such as sharp, dull, burning, aching, stabbing, or throbbing if able.	<input type="checkbox"/>	<input type="checkbox"/>
13. Ask when the pain started and whether it is constant or intermittent if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
14. Observe for nonverbal signs of pain such as facial grimacing, guarding, restlessness, crying, changes in breathing, or withdrawal behaviors.	<input type="checkbox"/>	<input type="checkbox"/>
15. Assess whether movement, positioning, eating, or other activities increase or relieve the pain.	<input type="checkbox"/>	<input type="checkbox"/>
16. Record the patient's reported pain level accurately according to facility policy.	<input type="checkbox"/>	<input type="checkbox"/>
17. Report new pain, severe pain, sudden changes in pain, or uncontrolled pain promptly to the supervising nurse.	<input type="checkbox"/>	<input type="checkbox"/>
18. Assist the patient with comfort measures as directed by the care plan or supervising nurse.	<input type="checkbox"/>	<input type="checkbox"/>
19. Ensure the patient's call light and personal items are within reach.	<input type="checkbox"/>	<input type="checkbox"/>
20. Perform hand hygiene after completing the procedure.	<input type="checkbox"/>	<input type="checkbox"/>
21. Document the pain assessment, pain scale used, pain rating, location, observations, and any actions taken according to facility policy.	<input type="checkbox"/>	<input type="checkbox"/>