

Service Plan

Long Term Concern: Potential for pain or discomfort PRN Medication for pain use

Date	What is Important to/for:	How can we support what is important to/for?	Review Date / Initial
	<p>To be comfortable.</p> <p>Identify changes in resident's condition or injuries and obtain interventions.</p> <p>Initiate caregiver observation scale on: _____ (date). Record on Day, Eve, Noc.</p> <p>0 = No pain observed.</p> <p>1 = Some pain observed.</p> <p>2 = Severe pain observed.</p>	<p>Pain is: Anything verbal or non-verbal that makes you think the resident may be uncomfortable.</p> <ol style="list-style-type: none"> 1. Statement of pain or discomfort <ul style="list-style-type: none"> • Ouch • I hurt • Moans • Groans • Crying • Specific statements: <hr/> <ol style="list-style-type: none"> 2. Actions of pain or discomfort <ul style="list-style-type: none"> • Frowning • Facial grimacing • Pulling away when touched <ul style="list-style-type: none"> • Unusual behaviors • Refusal of care or medications • Guarding an area of the body. May use a hand to "protect" or rub an area. • Specific actions: <hr/> <ol style="list-style-type: none"> 3. Try non-drug approaches before administering any medication. <ul style="list-style-type: none"> • Repositioning in bed/chair or move to other locations. • Apply heat/cold massage if ordered by PCP/GNP. (See specific instructions.) 4. Consider referral to pain clinic. 	

Resident Name:

Service Plan

Long Term Concern: Potential for pain or discomfort PRN Medication for pain use

Date	What is Important to/for:	How can we support what is important to/for?	Review Date / Initial
		<ul style="list-style-type: none"> • Emotional support (TLC 1:1 time). • Specific approaches: <hr/> <ol style="list-style-type: none"> 4. If non-drug approaches fail (or resident refuses them) give PRN for pain as ordered by PCP/GNP. <ul style="list-style-type: none"> • To be given for mild or general aches and pains. • Narcotics (medications we count) to be given for severe pain if ordered by PCP/GNP. (Hip surgery, migraines, comfort care, etc.) 5. See MAR for sequence if more than 1 type of pain med ordered. 6. Report any pain not relieved or pain which is severe enough to hinder the resident's ability to walk or function as they normally do to the Resident Manager or HSC immediately. 7. Report the continuous use of PRN pain medication for new symptoms used 2 or more days to the Resident Manager or HSC. 8. If receiving _____ medications, monitor for: constipation/confusion/unsteady gait/hallucinations. 	

Resident Name:



Service Plan

Long Term Concern: Potential for pain or discomfort PRN Medication for pain use

Date	Staff Signature Indicates Review and compliance with Service Plan	Date	Staff Signature Indicates Review and compliance with Service Plan

Resident Name: