

South West Regional Wound Care Program

Comprehensive Assessment of Chronic Pain in Wounds

To be used to screen for chronic wound pain at admission and during the course of treatment if a pain score of 4/10 or greater is revealed

To Physician:		Fax #:	
Person's Name:		Date:	
Case Manager:	Ext	From Nurse:	Contact #

I have asked the individual to contact you to make an appointment to review their pain management options and have completed a comprehensive assessment and have indicated the findings below.

Location of Wound(s):			
Wound Pain Location:	<input type="checkbox"/>	In the wound	<input type="checkbox"/>
		Around the wound	<input type="checkbox"/>
Other:			

Characteristics of Pain:						
Duration of Pain	<input type="checkbox"/>	Days	<input type="checkbox"/>	Weeks	<input type="checkbox"/>	Months
Persistence of Pain	<input type="checkbox"/>	With Activity	<input type="checkbox"/>	With rest		
Incidence of Pain	<input type="checkbox"/>	With Dressing change	<input type="checkbox"/>	With Wound Cleansing	<input type="checkbox"/>	With Debridement
Other Factors	<input type="checkbox"/>	Infection	<input type="checkbox"/>	Inflammation	<input type="checkbox"/>	Edema
Pain is worse when/aggravated by:						
Pain is relieved/reduced when:						
No action or activity relieves the pain. Examples of things tried in the past (include non-pharmacological) are:						

Intensity of Pain			
Person Describes Pain As:	At present ___ out of 10	At worst ___ out of 10	With analgesic use ___ out of 10
Person's goal for pain score:	At rest ___ out of 10	With activity ___ out of 10	

Quality of Life – Pain interferes with:													
<input type="checkbox"/>	Sleep	<input type="checkbox"/>	Appetite	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Energy	<input type="checkbox"/>	Work	<input type="checkbox"/>	Leisure	<input type="checkbox"/>	Mood/Self Esteem

Type of Pain (check all that apply)	
<input type="checkbox"/>	Neuropathic Pain - Described their pain as stinging, shooting, stabbing, burning, electric shock or searing (occurs with wounds related to diabetic or other neuropathies, pressure on tissues or vascular disease)
<input type="checkbox"/>	Neuropathic Allodynia - Pain from a stimulus that normally does not produce pain
<input type="checkbox"/>	Neuropathic Hyperalgesia - An increased sensitivity to a normally painful stimulus
<input type="checkbox"/>	Nociceptive Pain - Described as aching (occurs with tissue damage as well as the inflammatory process)
<input type="checkbox"/>	Somatic - Skin, bone, muscle, connective tissue (described as sharp, aching, throbbing, gnawing, tender)
<input type="checkbox"/>	Visceral - Organ pain (described as deep, aching, squeezing and colicky)
<input type="checkbox"/>	Mixed Pain - Both neuropathic and nociceptive (somatic or visceral)

Current Wound Treatment:	
Current Analgesia (including breakthrough dosing):	

Side Effects Experienced	<input type="checkbox"/>	N&V	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Drowsiness/Confusion	<input type="checkbox"/>	Other:
<input type="checkbox"/> This pain assessment has been reviewed with the individual and he/she agrees it is accurate.								

Nurse Signature	Contact #	
Name	Mobile (optional)	

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