

CHAPTER 6
COMPLETING PAIN ASSESSMENT

Objectives:
Able to ask patients to collect health problems information to fill assessment form

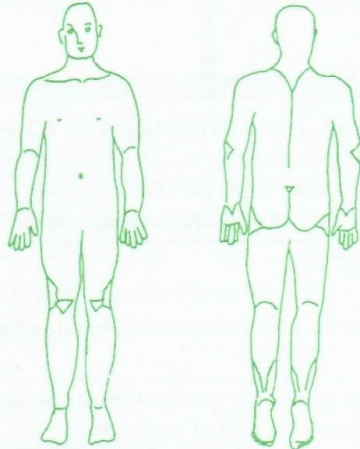
VOCABULARY

| | |
|--------------------|--|
| sharp | : (adv,n,adj) rasa sakit nyeri seperti tertusuk |
| dull | : (adj,v) tidak begitu sakit tapi berlangsung terus (menjengkelkan) mis: a dull ache/pain. |
| stabbing | : (n,adj) rasa sakit yang kuat seperti pukulan yang tiba datang |
| excruciating | : (adj) rasa sakit yang hebat |
| nagging | : (adj) rasa sakit yang berlangsung lama dan sulit disembuhkan |
| troublesome | : (adj) rasa yang mengganggu, menyulitkan |
| nauseating | : (adj) memuakan |
| gruelling | : (adj) sesuatu yang melelahkan |
| numb | : (v,adj) mati rasa |
| miserable | : (adj) rasa tidak mengenakkan |
| agonizing | : (adj) (pain) rasa sakit yang luar biasa, menjengkelkan, menyulitkan. |
| gnawing | : (adj) sakit seperti digigit-gigit |
| draining | : (adj) menjadikan lemas tak berdaya |
| cruel | : (adj) cenderung menyebabkan sakit |
| dreadful | : (adj) sakit menimbulkan penderitaan |
| vicious | : (adj) (headache) sakit yang hebat, menyerang tiba-tiba |
| squeezing | : (adj) rasa sakit yang menekan |
| cramping | : (adj) sakit yang hebat (biasanya karena kontraksi otot tiba-tiba) |
| horrible | : (adj) rasa sakit yang berat, takut utk menghadapinya |
| torturing | : (adj) sakit fisik/mental yang kuat dirasakan |
| unbearable | : (adj) sakit yang amat sangat tak tertahankan |
| crushing | : (adj) untuk menggambarkan betapa sakitnya |
| shooting | : (adj) sakit yang menusuk seperti peluru |
| stabbing | : (n,adj) sakit yang menusuk-nusuk |
| throbbing | : (adj) sakit seperti pukulan yang berulang-ulang |
| hot, burning | : (adv,adj) sakit seperti kena api |
| splitting | : (adj) untuk menggambarkan sakit kepala seperti mau pecah |
| tiring, exhausting | : (adj) rasa sakit yang menghabiskan energi |
| sickenning | : (adj) sakit yang membuat anda merasa tidak sehat |

PIAN ASSESSMENT FORM

A. CURRENT PAIN MEDICATION (include dosage and any side effects.)

B. WHERE IS PATIENT'S PAIN?
Have patient point to or trace area of pain. If more than one site, label A, B, C, or D.



C. DESCRIBE CAUSE OF PAIN, IF KNOWN.

D. HOW DOES PAIN FEEL TO PATIENT?

E. INTENSITY OF PAIN (Rate on scale of 0-5.)

| | INTENSITY | | | |
|---------------------------------|-----------|--------|--------|--------|
| | SITE A | SITE B | SITE C | SITE D |
| 1. AT PRESENT | | | | |
| 2. ONE HOUR AFTER MEDICATION | | | | |
| 3. THREE HOURS AFTER MEDICATION | | | | |
| 4. WORST IT GETS | | | | |
| 5. BEST IT GETS | | | | |

F. FREQUENCY OF PAIN (Check one for each site.)

| | FREQUENCY | | | |
|---------------|-----------|--------|--------|--------|
| | SITE A | SITE B | SITE C | SITE D |
| 1. OCCASIONAL | | | | |
| 2. FREQUENT | | | | |
| 3. CONSTANT | | | | |

G. PATIENT'S VIEW OF PAIN

- WHAT MAKES PAIN BETTER? _____
- WHAT MAKES PAIN WORSE? _____
- ANY ASSOCIATED SYMPTOMS? _____
- ARE THERE TIMES OF THE DAY/NIGHT WHEN PAIN IS WORSE? _____
- WHAT HAS HELPED CONTROL PAIN IN THE PAST? _____
- WHAT IS PAIN PREVENTING PATIENT FROM DOING? _____
- DOES PATIENT WANT SOMETHING DONE ABOUT PAIN? (If no, why not?) _____
- COMMENTS: _____

DATE _____ SIGNATURE OF ASSESSOR _____
Signature and Title _____

PAIN ASSESSMENT

Imprint Patient Identification or Write-In Information Below

Patient's Name _____

Medical Record No. _____

Hospice _____

Expression to study patient's health problems

- A. Current Pain Medication
 - Did you take any medicine/anything for it (your pain)?
 - How many do you take?
- B. Where is the pain?
 - Show me where the pain is?
 - Point at the pain you feel.
- C. Describe Cause of Pain, If Known
 - Do you know the cause of the pain?
 - Why do you feel that?
- D. How Does The Pain Feel To The Patient
 - What is the pain like?
 - Is it sharp, dull, stabbing, aching?
- E. Intensity of Pain (on scale of 0 – 5)
 - On a scale of 0 – 5, with five being the worst, what would you rate what you feel now?

NOTE: this is The McGill Pain Scale*) an assessment tool in which the nurse chooses the number that best describes a pain on a scale of zero to five:

- 0 = No pain
- 1 = Mild pain (annoying, nagging, pinching, tight pinching)
- 2 = Discomforting pain (troublesome, nauseating, pressing, numb, grueling).
- 3 = Distressing pain (miserable, agonizing, gnawing, draining, cruel)
- 4 = Horrible pain (intense, dreadful, cramping, squeezing, vicious)
- 5 = Excruciating pain (unbearable, torturing, crushing, tearing and killing)

*)Note: Pain Scale biasanya diterjemahkan: Skala Nyeri. Di Indonesia Lebih banyak digunakan skala 0 sampai 10

- F. Frequency of Pain
 - How often do you feel the pain?
 - Is it occasional, frequent, or constant?
- G. Patients view of Pain

**See the pain assessment form (part G), make the questions base on those points and asked the patient.*

ACTIVITY: ROLE PLAY

STUDENT A: Fill in the pain assessment form by asking question to patients

STUDENT B: As a patient, tell the symptoms according the disease/ health problems that he/she has