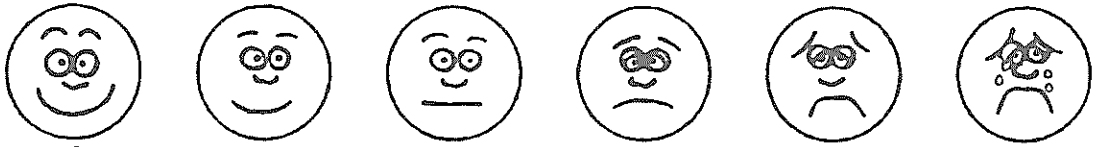
DESCRIPTIVE PAIN INTENSITY SCALE

Direction: The medication nurse must assess and document resident's pain intensity each time pain medication is administered and evaluated.

Intensity on 0 - 5 rating scale *as rated by the resident:*

Worst pain gets ☐ Best pain gets ☐ Acceptable level (goal) ☐



PAIN MEDICATION, MEDICATION EXCEPTION, AND HOLD NOTES

DATE	HOUR	Initial	ROUTE	MEDICATION	REASON	PAIN RATING IF APPLICABLE	RESULT	PAIN RATING IF APPLICABLE	INITIALS	SIGNATURE

1	Right Dorsal Gluteus	3	Right Ventral Gluteus	5	Right Lateral Thigh	7	Right Deltoid	9	Right Upper Arm	11	Right Anterior Thigh
2	Left Dorsal Gluteus	4	Left Ventral Gluteus	6	Left Lateral Thigh	8	Left Deltoid	10	Left Upper Arm	12	Left Anterior Thigh

PATIENT NAME & NUMBER

INJECTION SITE CODES

INJECTION SITE CODES