

PAIN & DISABILITYSM

Call Today 201-656-4324

191 Doctors, 191 Palisade Ave.
Jersey City, NJ 07306-1112

Process of Pain Assessment & Reassessment

Pain is a complex, subjective response with several quantifiable features, including intensity, time course, quality, impact, and personal meaning. The reporting of pain is a social transaction between caregiver and patient.

1. Pain management requires a successful assessment and control
2. A positive relationship needs to be established between patients, health care providers and families.
3. Post operative pain services and pre-operative history and work-up
4. Patients' attitude towards drug is important in pain management as well.
5. Family expectations
6. Way the patient demonstrates pain
7. Patient's coping mechanisms.
8. Patient's knowledge and expectations and choices.

A single most reliable indicator of the existence and intensity of acute pain - and any resultant affective discomfort or distress - is the patient's self-report.

Samples of commonly used pain assessment tools are in appendix D. Three common self-report measurement tools useful for assessment of pain intensity and affective distress in adults and many children are: 1) a numerical rating scale (NRS); 2) a visual analog scale (VAS); and 3) an adjective rating scale (ARS). While many researchers prefer visual analog measures (Scott and Huskisson, 1976; Sriwatanakul, Kelvie, Lasagna, Calimlim, Weis, and Mehta, 1983), each of these tools can be a valid and reliable instrument as long as end points and adjective descriptors are carefully selected (Gracely and Wolskee, 1983; Houde, 1982; Sriwatanakul, Kelvie, and Lasagna, 1982).

In practical use, the visual analog scale is always presented graphically, usually with a 10-cm baseline and endpoint adjective descriptors. Patients place a mark on the line at a point that best represents their pain. The visual analog scale is scored by measuring the distance of a patient's mark from the zero. The numerical and adjective rating scales may be presented graphically (see appendix D) or in other formats.

In summary, health care providers should view good pain control as a source of pride and a major responsibility in quality care.

Home

