

## Comparing your practice Pain Management – Chronic Care Residents



Name of Facility: \_\_\_\_\_

Date Reviewed: \_\_\_\_/\_\_\_\_/20\_\_\_\_

- DIRECTIONS:**
1. Enter the resident's clinical record number or initials.
  2. Review the clinical record for evidence of each practice.
  3. Enter a "Y" if it is identified and an "N" if it is not identified. (Reviewers may have N/A for some records.)
  4. Tally the Number of "Y" s identified for each Best Practice, divide by the total number of applicable records reviewed to determine the percent.

	Clinical Record										TALLY		%
	1	2	3	4	5	6	7	8	9	10	# Yes	Total #	
<b>Enter Resident's Clinical Record ID # or Initials</b>													
1. Resident screened for pain using appropriate validated tool: on admission, at readmission, with change in condition (i.e., after fall), and at each MDS assessment.													
2. If pain indicated in screening process, comprehensive pain assessment that includes evaluation of pain intensity, character, frequency, location, duration, aggravating and alleviating factors, medical history, analgesic history, ADL performance, and psychosocial function was completed.													
3. If pain present, resident received pain treatment appropriate for cause, type, and intensity of pain based on clinically accepted guidelines (i.e., WHO Three-Step Analgesia Ladder, AMDA, or AGS).													
4. If pain present, the care plan includes a comfort goal defined by resident/family member.													
5. If pain present, orders for pain medication were received within 24 hours of identification of resident's pain.													
6. If pain is present daily or aggravated by regularly occurring activities (i.e., bath), resident is receiving regularly scheduled analgesics.													
7. If pain present, care plan includes non-pharmacological, as well as pharmacological interventions.													
8. When analgesic administered or non-pharmacological treatment initiated, effectiveness of intervention and resident comfort level evaluated at appropriate intervals.													
9. Care plan includes interventions to ameliorate actual/potential untoward effects from analgesics.													
10. If pharmacological/non-pharmacological interventions ineffective, communication with physician for change documented.													