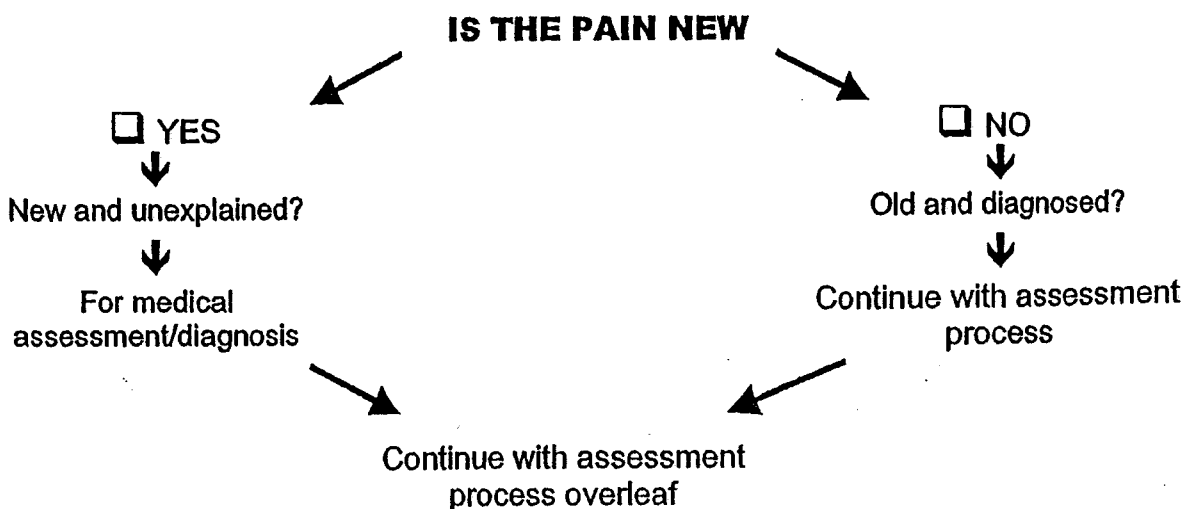


Draft copy for Pilot study

PILOT STUDY ON
SULTAN WARD
(GWMH)**PAIN ASSESSMENT AND RATIONALE FOR ANALGESIA**Name of Patient:
D.O.B.
Hospital Number:Signature of Assessor:
Date of Assessment:**THE ANALGESIC LADDER (ADAPTED FROM W.H.O. ANALGESIC LADDER)**

STEP 1 MILD PAIN		STEP 2 MODERATE PAIN		STEP 3 SEVERE PAIN	
<ul style="list-style-type: none"> ■ Non-opioid ■ +/- adjuvant Paracetamol oral/pr (500mg-1g qds) maximum 4g per day. NSAIDs Diclofenac tabs 50mgs tds/ SR capsules 75mgs bd, supps 100-150mgs daily. Selective COX-2 inhibitors are now available (following NICE guidelines).		<ul style="list-style-type: none"> ■ Weak opioid ■ +/- Non opioid ■ +/- Adjuvant 1. Codeine 30mg with paracetamol 500mg (co-codamol 30/500) 1-2 qds. 2. Dextropropoxyphene 32.5mg with Paracetamol 325mg (coproxamol) 1-2 qds. 3. Other drugs in this group include Dihydrocodeine and Tamadol (in secondary care Tramadol can only be prescribed by a consultant).		<ul style="list-style-type: none"> ■ Strong opioid ■ +/- Non opioid ■ +/- Adjuvant 1. Oral morphine/oramorph 2.5-5mgs 4 hourly, if not on regular mild or moderate analgesia. <u>Note: A mild analgesia e.g. 1g Paracetamol = 5mg of Oramorph: See BNF guidelines page 13, 2003.</u> 2. To calculate Opiate dose, if pain occurs before 4 hrs, give an extra 4 hourly dose from pm column. Review and reassess daily. Add any PRN doses to regular prescription. Divide 24 hr total by 6 to give 4-hrly dose. 3. When stable, convert to Morphine Sulphate sustained release 12 hrly (Zomorph MST). 4. Other strong opioids: Oxycodone, Methadone and Fentanyl (Fentanyl patches only in palliative care, 5. If patient is dysphagic, vomiting, or unconscious give sc Diamorphine via syringe driver at 1/3 of 24hr total Morphine dose	



ASSESSMENT**LIST ANY CURRENT ANALGESIA**

Using prompts below if necessary and if patient is able;
HOW DOES THE PATIENT DESCRIBE: -

A) THE PAIN?

Throbbing 1	Shooting 4	Stabbing 7	Crushing 9	Sharp 11	Gnawing 13
Wrenching 2	Burning 5	Dull 8	Stinging 10	Radiating 12	Tight 14
Cramping 3	Exhausting 6				

B) HOW CONSTANT THE PAIN IS?

Continuous 1	Intermittent 2	Rhythmic 3	Brief 4	Other 5	
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C) WHAT INCREASES THE PAIN?

Movement 1	Stillness 3	Heat 5	Cold 7	Eating 9	Not Eating 10
Medication 2	Insomnia 4	Anxiety 6	Other 8		

D) WHAT RELIEVES THE PAIN?

Movement 1	Stillness 3	Heat 5	Cold 7	Eating 9	Not Eating 10
Medication 2	Massage 4	Diversion 6	Nothing 8		

E) WHAT NUMBER BEST DESCRIBES THE PAIN?

No pain at all 1	A little pain 2	Quite a lot of pain 3	A very bad pain 4
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**INDICATE SITES OF PAIN ON
 THE BODY CHART OPPOSITE
 USING LETTERS A-E**

**Example of how this would be recorded on
 following chart:**

TIME	DATE	site	A	B	C	D	E	SIGN
14.00	10/4/89	A	2	4	1	2	3	

Example shows Site 'A', Is graded as (A 2 Wrenching)
 (B 4 Brief) (C 1 On movement) (D2 Medication)
 (E 3 Quite a lot of pain)
 Use the following chart to record pain assessment
 (As illustrated here)

