

Pain Nursing Care Plan

Patient Name:

Date:

Assessment:

1. Pain Description:

- Location:
- Intensity (0-10 scale):
- Quality (sharp, dull, aching, burning, etc.):
- Onset and duration:
- Aggravating/alleviating factors:

2. Pain Type:

- Acute/Chronic
- Nociceptive/Neuropathic

3. Impact on Activities of Daily Living (ADLs):

- Sleep disturbances
- Impaired mobility
- Changes in appetite

4. Psychosocial Factors:

- Anxiety
- Depression
- Coping mechanisms

Nursing Diagnoses:

1. Acute Pain related to:

2. Impaired Physical Mobility related to:

- Pain and discomfort

Goals:

1. Pain Control:

- The patient will report a pain level of no more than [specified level] _____ within [specified timeframe] _____.
- The patient will demonstrate effective pain management strategies.

2. Improved Physical Mobility:

- The patient will demonstrate an improved ability to perform ADLs without pain interference.

Interventions:

1. Pharmacological Interventions:

- Administer analgesics as prescribed and assess their effectiveness.
- Educate the patient on the proper use of pain medications, including potential side effects and signs of toxicity.

2. Non-Pharmacological Interventions:

- Apply heat/cold therapy as indicated.
- Implement relaxation techniques such as guided imagery or deep breathing exercises.
- Collaborate with physical therapy for mobility exercises.

3. Education:

- Educate the patient on the importance of adhering to the prescribed pain management plan.
- Provide information on potential side effects of medications and when to seek medical attention.

4. Emotional Support:

- Assess and address any psychosocial factors contributing to pain.
- Provide emotional support and encourage expression of feelings.

Evaluation:

1. Reassessment of Pain:

- Regularly reassess the patient's pain level and adjust the pain management plan accordingly.

2. Patient Education:

- Evaluate the patient's understanding of pain management strategies.

3. Physical Mobility:

- Assess improvements in physical mobility through objective measures and patient self-report.

Discharge Planning:

1. Home Pain Management Plan:

- Provide clear instructions on medications and non-pharmacological interventions.
- Ensure the patient knows when and how to follow up with healthcare providers.

2. Follow-Up:

- Schedule follow-up appointments to reassess pain management and adjust the plan if necessary.