

# Pain Nursing Care Plan

Patient information	
Patient name:	
Age:	Gender:
Date of birth:	
Medical history	
Allergies:	Medications:
Assessment	
Subjective	Objective
Location:	Vital signs:
Intensity (0-10 scale):	Physical examination findings:
Quality (sharp, dull, aching, burning, etc.):	Behavioral indicators:
Onset and duration:	Mobility assessment:
Aggravating/alleviating factors:	Laboratory and imaging results:
Diagnosis	

Goals and outcomes	
Long-term:	Short-term:
Interventions	
Rationale	
Evaluation	

**Additional notes****Healthcare professional information****Name:****License number:****Contact number:**