## Alteration in Comfort: Pain

### Patient Label
- **Related To:**
  - [ ] Cancer
  - [ ] Trauma
  - [ ] Diagnostic test
  - [ ] Immobility
  - [ ] Fear

- **As Evidenced By:**
  - [ ] Anxiy/stress
  - [ ] Overactivity
  - [ ] Other: ______________________

### Date & Initials

- **Plan and Outcome**
  - The patient will:
    - [ ] Experience relief of pain A.E.B.
      - [ ] Verbal report of relief of pain
      - [ ] Less autonomic responses to pain
    - [ ] Other: ______________________

### Target Date:

- **Nursing Interventions**
  - [ ] Assess characteristics of pain:
    - Location
    - Severity on a scale of 1-10
    - Type
    - Frequency
    - Precipitating factors
    - Relieving factors
  - [ ] Eliminate factors that precipitate pain: ________
  - [ ] Offer analgesics (according to physician’s order).
  - [ ] Teach patient to request analgesics before pain becomes severe.
  - [ ] Explore non-pharmacological methods for reducing pain:
    - Back rubs
    - Slow rhythmic breathing
    - Repositioning
    - Diversional activities such as music, TV, etc.
  - [ ] Other: ______________________

### Date Achieved:

- **Created October 23, 2012**

Initials  | Signature