HEALTH SERVICE: _Sunshine Village_

PAIN INTERVENTION AND EVALUATION RECORD
(Residential Aged Care)

DOCTOR: _Louise Marsh_

Surname		MRN	
JOHNSON		M2435498	
Given Name		DOB	Sex
RON		9/1/1954	M
Address			Post Code
5555 Donovan St, Augusta, WA			6290

Assess and record resident's pain below. If the pain is not the previously assessed pain (see Form RC9 for assessment); complete another pain assessment, using another form. If the pain has been assessed, use the table below to record frequency and effectiveness of interventions. This form is to be reviewed when completing care plan reviews, monthly or as required. The form is to be completed for 2-3 days.

Date	Time	Site of Pain	Pain Level (0-10) or describe non-verbals	Interventions	Effective? Pain Level (0-10) or describe non-verbals	Initial
2/7/YY	2005	Lower back	5	Heat pack	2	PB

COMMENTS:

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PAIN SCALE:

0	No pain	5 - 6	Severe pain	S -	Asleep
1 – 2	Mild pain	7 – 8	Very severe pain		
3 – 4	Moderate pain	9 – 10	Overwhelming pain		

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