

Pain

CLIENT CARE PLAN

Client: \*Pathways , CarePlan

Client ID#:

1165425300

Admission Date:

12-06-2006

24 Pain

Potential Problem

<b>Admission Rating</b>	<b>K</b>	<b>B</b>	<b>S</b>
<b>Desired Outcome</b>	<b>K</b>	<b>B</b>	<b>S</b>

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Signs/Symptoms-Physical	Other Pain Status: Location & Severity Assess pain location, severity rated on 1-10 scale
S	Signs/Symptoms-Physical	Effectiveness of All Control Measures Assess effectiveness of medications or other pain control modalities and compliance with pain control measures as prescribed
TGC	Relaxation/Breathing Techniques	Other Teach alternative pain relief measures: such as breathing techniques, ice, heat, music, distraction, relaxation techniques, positioning, etc
TGC	Signs/Symptoms-Physical	When to Notify Providers Teach S/S of pain and how to contact RN/MD if needed
TGC	Signs/Symptoms-Physical	Other Bowel program Assess constipation/teach bowel program
TGC	Signs/Symptoms-Physical	Other Assist patient to determine pain treatment goals
CM	Medical/Dental Care	Other Referral to MD 1) Increase in pain 2) Current pain management not effective 3) New pain 4) Assess patient compliance with MD follow up