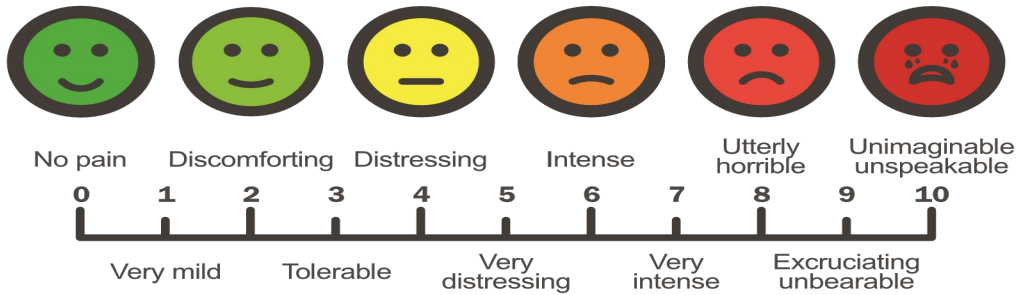


Samaritan

LIFE-ENHANCING CARE

Pain Rating Scale



Non-Verbal Pain Rating Scale

NO PAIN	DISCOMFORT	PAINFUL (NON-DISTRACTABLE)	VERY PAINFUL	WORST POSSIBLE PAIN
	Change in behavior patterns	Change in behavior patterns	Change in behavior patterns	Change in behavior patterns
	Specific body movements: tense posture, rigidity, draws up legs	Specific body movements: tense posture, rigidity, draws up legs	Specific body movements: tense posture, rigidity, draws up legs	Specific body movements: tense posture, rigidity, draws up legs
	Frowning	Frowning	Frowning	Frowning
	Fidgety	Fidgety	Fidgety	Fidgety
	Lack of appetite	Lack of appetite	Lack of appetite	Lack of appetite
		Restlessness	Restlessness	Restlessness
		Clenching Jaws	Clenching Jaws	Clenching Jaws
		Moaning	Moaning	Moaning
		Aggressiveness	Aggressiveness	Aggressiveness
			Glaring	Glaring
			Grasping Agitation	Grasping Agitation
			Perspiring	Perspiring
			Tearing	Tearing
			Increased BP, Pulse	Increased BP, Pulse
				Crying
				Screaming
				Thrashing

Symptom	Intervention
Pain	<p>Immediate release (IR) before extended-release (ER) or long-acting (LA) PRN opioid dosing may be sufficient (e.g., morphine 2-6 mg Q 15 min/hydromorphone 0.2-4 mg Q 15 min) Start infusion, if preferred over intermittent dosing (safer) OR, If frequent PRNs are needed with scheduled dose (e.g., if morphine 4 mg PRN Q 15 x2 is needed with morphine 4 mg Q4 [8 mg], then, 2 mg/hr., 2 mg bolus) An increase in the infusion should not occur more frequently than once per hour. Increasing the infusion rate should be based on patient evaluation and number of bolus doses administered. Consider adjuvant medications (steroids IV, lidocaine patches TD)</p>
Dyspnea	<p>Similar opioid dosing used for pain Oxygen titrated for signs of comfort (rather than pulse ox) Nasal cannula preferred over mask (humidification) Fan to face is beneficial Consider steroids (prednisone)</p>
Anxiety	<p>Often contributes to pain & dyspnea Benzodiazepines may provide synergistic effect with opioids Lorazepam (Ativan) 0.5 mg PO every 4 hours PRN (mild to moderate) or lorazepam (Ativan) 0.5 mg IV every 2 hours PRN (severe anxiety) Consider scheduling medications when PRN pattern is established (e.g., @ HS or every 12 hours)</p>
Delirium	<p>Consider the cause (urine retention, constipation, pain, hypoxia, metabolic) Recognize severe symptoms (treat pain first, consider SOB/anxiety, may need General Inpatient Level of Care) Avoid physical restraints Reduce potentially noxious stimuli Consider complementary therapies</p>
Nausea/ Vomiting	<p>Consider various etiologies and choose appropriate treatment Compazine 5 mg IVPB every 4 hours PRN Zofran 4 mg IV every 6 hours PRN Continue treatment for prevention once started when patients no longer able to report Consider complementary therapies</p>
Secretions	<p>Reposition, side lying, head up/down Hyoscyamine (Levsin) 0.125mg (under the tongue) every 4 hours PRN or scheduled; glycopyrrolate (Robinul) 0.2 mg IV every 8 hours PRN</p>

