

Initial Pain Assessment

<p>A. Assessment of pain intensity and character</p>	<p>1. Onset and temporal pattern — When did your pain start? How often does it occur? Has its intensity changed?</p> <p>2. Location — Where is your pain? Is there more than one site?</p> <p>3. Description — What does your pain feel like? What words would you use to describe your pain?</p> <p>4. Intensity — On a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine, how much does it hurt right now? How much does it hurt at its worst? How much does it hurt at its best?</p> <p>5. Aggravating and relieving factors — What makes your pain better? What makes your pain worse?</p> <p>6. Previous treatment — What types of treatment have you tried to relieve your pain? Were they and are they effective?</p> <p>7. Effect — How does the pain affect physical and social function?</p>				
<p>B. Psychosocial assessment</p>	<p>Psychosocial assessment should include the following:</p>	<ol style="list-style-type: none"> 1. Effect and understanding of the cancer diagnosis and cancer treatment on the patient and the caregiver. 2. The meaning of the pain to the patient and the family. 3. Significant past instances of pain and their effect on the patient. 4. The patient's typical coping responses to stress or pain. 5. The patient's knowledge of, curiosity about, preferences for, and expectations about pain management methods. 6. The patient's concerns about using controlled substances such as opioids, anxiolytics, or stimulants. 7. The economic effect of the pain and its treatment. 8. Changes in mood that have occurred as a result of the pain (e.g., depression, anxiety). 			
<p>C. Physical and neurologic examination</p>	<ol style="list-style-type: none"> 1. Examine site of pain and evaluate common referral patterns. <hr/> <table border="1" style="width: 100%;"> <tr> <td data-bbox="397 1780 829 1871" rowspan="2"> <ol style="list-style-type: none"> 2. Perform pertinent neurologic evaluation. </td> <td data-bbox="829 1780 1526 1871"> <p>Head and neck pain — cranial nerve and fundoscopic evaluation.</p> </td> </tr> <tr> <td data-bbox="829 1871 1526 1955"> <p>Back and neck pain — motor and sensory function in limbs; rectal and urinary sphincter function.</p> </td> </tr> </table>		<ol style="list-style-type: none"> 2. Perform pertinent neurologic evaluation. 	<p>Head and neck pain — cranial nerve and fundoscopic evaluation.</p>	<p>Back and neck pain — motor and sensory function in limbs; rectal and urinary sphincter function.</p>
<ol style="list-style-type: none"> 2. Perform pertinent neurologic evaluation. 	<p>Head and neck pain — cranial nerve and fundoscopic evaluation.</p>				
	<p>Back and neck pain — motor and sensory function in limbs; rectal and urinary sphincter function.</p>				

D. Diagnostic evaluation	1. Evaluate recurrence or progression of disease or tissue injury related to cancer treatment.	Tumor markers and other blood tests.
		Radiologic studies.
		Neurophysiologic (e.g., electromyography) testing.
	2. Perform appropriate radiologic studies and correlate normal and abnormal findings with physical and neurologic examination.	
	3. Recognize limitations of diagnostic studies.	Bone scan — false negatives in myeloma, lymphoma, previous radiotherapy sites.
		CT scan — good definition of bone and soft tissue but difficult to image entire spine.
MRI scan — bone definition not as good as CT; better images of spine and brain		

Adapted from Management of Cancer Pain, Clinical Guideline Number 9. AHCPR Publication No. 94-0592: March 1994. Agency for Healthcare Research & Quality, Rockville, MD.