1.6: Pain Assessment

“Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does” (McCaffery, 1968, cited in Rosdahl & Kowalski, 2007, p. 704). Pain is a subjective experience, and self-report of pain is the most reliable indicator of a patient's experience. Determining pain is an important component of a physical assessment, and pain is sometimes referred to as the “fifth vital sign.”

Figure 2.1 Example of a pain scale

Pain assessment is an ongoing process rather than a single event (see Figure 2.1). A more comprehensive and focused assessment should be performed when someone’s pain changes notably from previous findings, because sudden changes may indicate an underlying pathological process (Jarvis, Browne, MacDonald-Jenkins, & Luctkar-Flude, 2014).

Always assess pain at the beginning of a physical health assessment to determine the patient’s comfort level and potential need for pain comfort measures. At any other time you think your patient is in pain, you can use the mnemonic LOTTAARP (location, onset, timing, type, associated symptoms, alleviating factors, radiation, precipitating event) to help you remember what questions to ask your patient. See Checklist 14 for the questions to ask and steps to take to assess pain.
## Checklist 14: Pain Assessment

Disclaimer: Always review and follow your hospital policy regarding this specific skill.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
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<tbody>
<tr>
<td>1. Start your assessments by asking patients to rate their pain on a scale from 0 to 10, with 10 being the worst possible pain and 0 being no pain.</td>
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**L: Location**
Where are you feeling pain?

**O: Onset**
When did the pain start?
How long have you been in pain?

**T: Timing**
Is the pain constant or intermittent? Has the intensity changed over time?

**T: Type**
What does the pain feel like?

**A: Associated symptoms**
Do you have any associated symptoms such as nausea, vomiting, fever, etc.?

**A: Alleviating factors**
What makes the pain feel better? Do you take any medications for this pain? If so, are they effective?

**R: Radiation**
Does the pain move anywhere else?

**P: Precipitating event**
What was happening when the pain started? What has caused the pain to occur?
Has this happened before?

2. Provide analgesia as prescribed and other comfort measures, such as distraction, massage, and the
application of warmth or cold, as appropriate.

3. Report and document assessment findings and related health problems according to agency policy.

Data source: Assessment Skill Checklists, 2014

Read this section on vital signs to learn how to take a full set of vital signs.

Critical Thinking Exercises

1. You are caring for a patient who has just returned from a surgical procedure. The patient has a history of chronic pain. Would the patient’s assessment provide the same data as an assessment of a person who does not have a history of chronic pain?

2. What is more important: the subjective or the objective data in a pain assessment?

Attribution

Figure 2.1

Children’s pain scale by Robert Weis is used under a CC BY SA 4.0 licence.