File in 3rd spine

Name:
Address:
Affix patient label
Date of birth:
CR number:
NHS number:

NHS
Royal Cornwall Hospitals
NHS Trust

'Plan and Do' Record
End of life - Care chart

Commencement date:	Location:

Pain assessment scoring

Instructions: Observe the patient for five minutes before scoring his or her behaviours. Score the behaviours on the assessment record overleaf according to the chart below. The patient can be observed under different conditions (eg. at rest, during a pleasant activity, during caregiving, after the administration of pain medication).

Behaviour	Assessment	Score
Breathing	Normal	0
Independent of vocalization	Occasional laboured breathing Short period of hyperventilation	1
	Noisy laboured breathing Long period of hyperventilation	2
Negative vocalization	None	0
	Occasional moan or groan Low level speech with a negative or disapproving quality	1
	Repeated troubled calling out Load moaning or groaning	2
Facial expression	Smiling or inexpressive	0
	Sad Frightened Frown	1
	Facial grimacing	2
Body language	Relaxed	0
	Tense Distressed pacing Fidgeting	1
	Rigid Fists clenched Knees pulled up Pulling or pushing away Striking out	2
Consolability	No need to console	0
	Distracted or reassured by voice or touch	1
	Unable to console, distract or reassure	2

Severity of Pain
1 - 3 = Mild pain - Reassess 2 - 3 hourly
4 - 6 = Moderate pain - Reassess 1 - 2 hourly
7 - 10 = Severe pain - Reassess hourly

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Review due: 04/2018

affix patient label

Pain assessment record

Date:	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	0000	0100	0200	0300	0400	0500	0600	0700
Breathing																								
Negative vocalisation																								
Facial expression																								
Body language																								
Consolability																								
Total score																								
Assessors initials																								

Symptom assessment

Date:		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	0000	0100	0200	0300	0400	0500	0600	0700
Nausea & vomiting	Y																								
	N																								
Secretions	Y																								
	N																								
Assessors initials																									

Comfort care rounds

Date:		0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	0000	0100	0200	0300	0400	0500	0600	0700
Fluid or food intake	Y																								
	N																								
Mouth clean and moist	Y																								
	N																								
Passed urine	Y																								
	N																								
Bowels open	Y																								
	N																								
Repositioned L - Left C - Centre R -Right SO - Sat out																									
Assessors initials																									

Daily skin check

Date: Time:	**Tick**
All pressure areas checked (Tick)	
Grade of pressure ulcer (If applicable)	
Site of pressure ulcer (If applicable)	
Appropriate matress according to clinical pathway in place (Tick)	
If sat out is cushion provided (If applicable)	
Assessors initials	