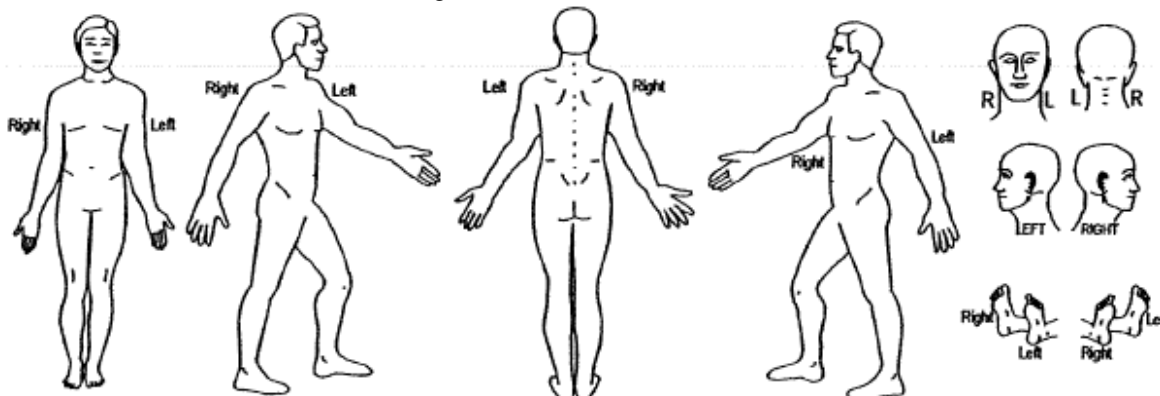


McCaffrey Initial Pain Assessment Tool

Patient's Name _____ Date _____
 Age _____ Room _____
 Diagnosis _____ Physician _____
 Nurse _____

1. LOCATION: Patient or nurse marks drawing.



2. INTENSITY: Patient rates the pain. Scale used _____

Present: _____

Worst pain gets: _____

Best pain gets: _____

Acceptable level of pain: _____

3. QUALITY: (Use patient's own words, e.g., prick, ache, burn, throb, pull sharp) _____

4. ONSET, DURATION, VARIATIONS, RHYTHMS: _____

5. MANNER OF EXPRESSING PAIN? _____

6. WHAT RELIEVES THE PAIN? _____

7. WHAT CAUSES OR INCREASES THE PAIN? _____

8. EFFECTS OF PAIN: (Note decreased function, decreased quality of life.)

Accompanying symptoms (e.g., nausea) _____

Sleep _____

Appetite _____

Physical activity _____

Relationship with others (e.g., irritability) _____

Emotions (e.g., anger, suicidal, crying) _____

Concentration _____

Other _____

9. OTHER COMMENTS: _____

10. PLAN: _____

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