

Name: NHS No: D.O.B:

PAIN CORE CARE PLAN

Problem / Need:

..... is experiencing pain at site(s)

 The probable cause of this is

Goal:

..... will have their pain controlled to an acceptable level.

Interventions:

1. The Registered Nurse will undertake an assessment to identify physical, psychological and environmental causes of pain.
2. All staff to ensure comfort measures are available, e.g. call bell, pillows, positional change.
3. Administer prescribed medication and consider non-pharmacological interventions, alongside regular assessment and review.
4. Document the frequency, intensity and type of pain. Use pain assessment tool / diary if appropriate.
5. The Registered Nurse will supervise and support health and social care assistants / carers / relatives to assess, monitor and report to nursing staff any concerns regarding pain control.
6. Registered Nurse to liaise with Medical Practitioner and / or Specialist Palliative Care Team, if symptoms remain uncontrolled and side effects are problematic.
7.
.....
8.
.....
9.
.....

Care plan completed by:

Name (*print*) Designation Signature

Care plan agreed and discussed with: (*circle*) patient / relative / carer Name

Date care plan commenced: Time commenced:

