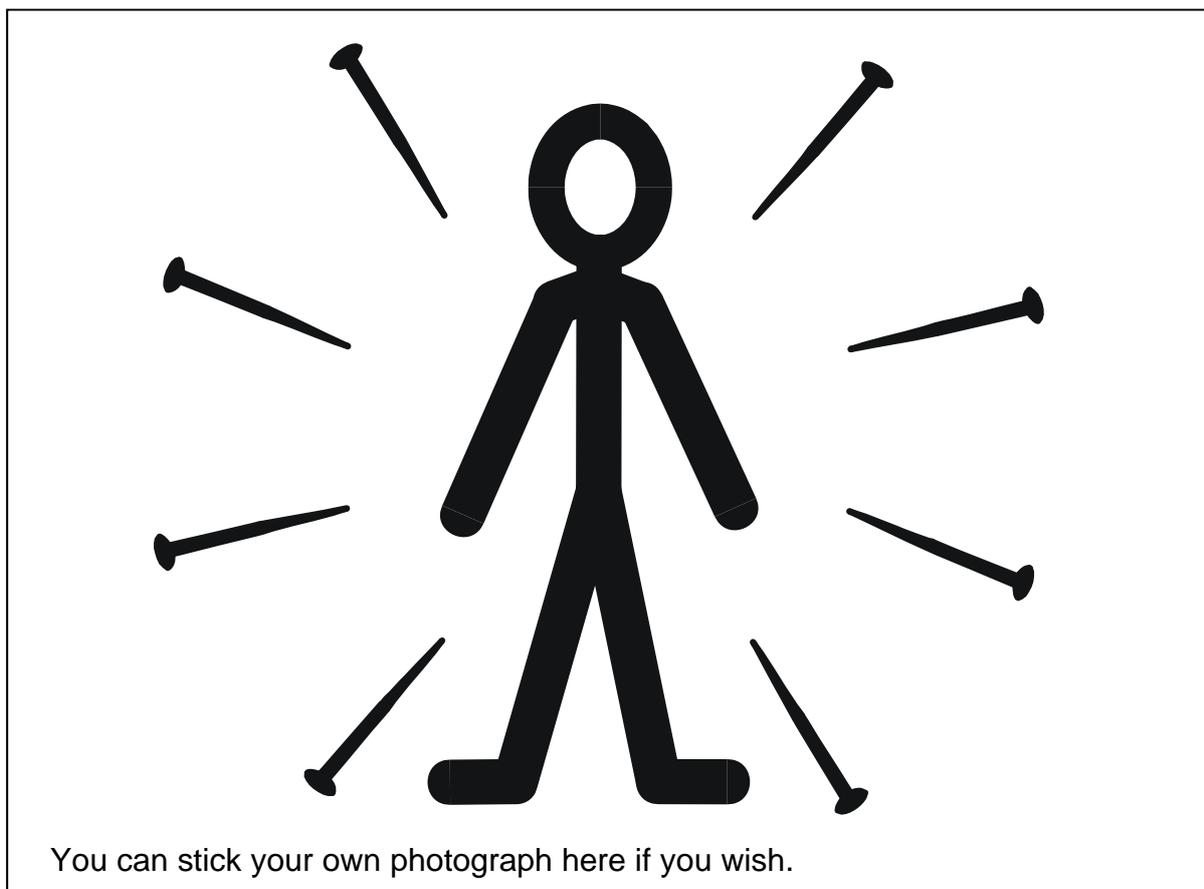


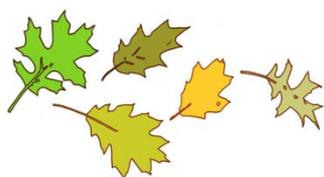
My Pain Profile



This belongs to _____

Someone who knows me well is _____ and they can be contacted on _____.

NHS Number:



I may be in pain because:

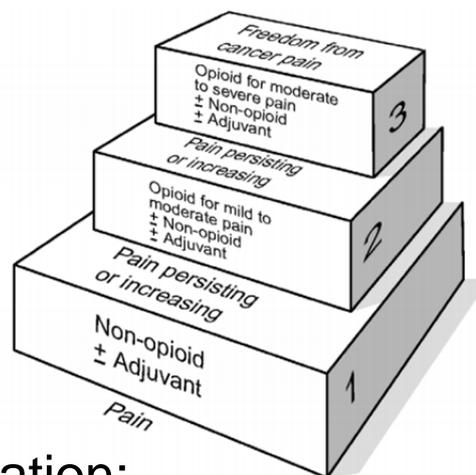


My pain medication:



You may want to consider regular pain relief as this may be more effective than PRN (as required) medication.

World Health Organisation's Pain Relief Ladder



My other medication:



The form I take my tablets in is:

Tablets – whole

Tablets – broken

Tablets - crushed

Liquid

With food

Other

My Usual Self

(when happy and comfortable)

This section is to be used as a baseline for the assessment of my pain.



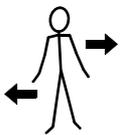
My general appearance:

Think about: weight, skin.



My facial expressions:

Think about: appearance of face, eyes, mouth (smiling, closed etc).



My body language:

Think about: posture, tense/relaxed, mobility, positioning, sleeping position.



My vocal sounds:

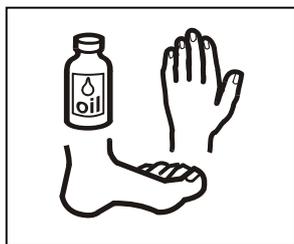
Think about: sounds, speech, pitch, volume.



My behaviour:

Think about: appetite, routine, activities.

Below is a list of things that may help to make me feel more comfortable:

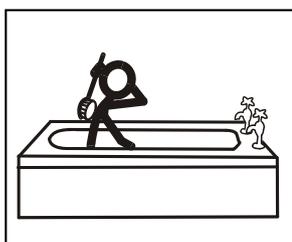


Aromatherapy

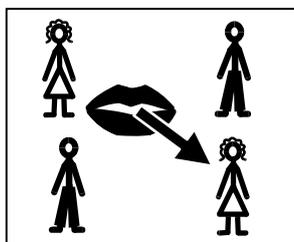
Gentle massage



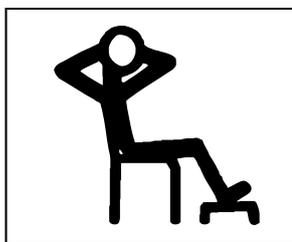
Music



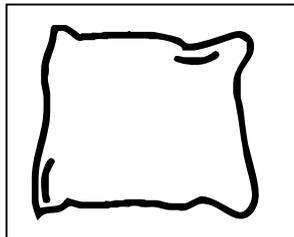
Bubble baths



Talking



Careful positioning



Pressure cushions



Comforters e.g. blanket

Other things that help me relax are:

References

Abbey Pain Scale, Abbey J, De Bellis A, Piller N, Esterman A, Giles L, Parker D and Lowcay B.
Do You Recognise Pain in Someone with a Learning Disability, A Guide for GPs, Joseph Rowntree Foundation.
Paediatric Pain Profile, Dr Anne Hunt, Research Fellow RCN Institute.

Acknowledgements

Developed by Gemma del Toro, Clinical Nurse Specialist, Nottinghamshire Healthcare NHS Foundation Trust.
Somerset Total Communications, Simple Symbols.

Reviewed November 2018.

This document is also available in other languages and formats upon request.

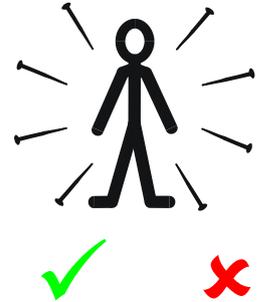
Specialist Palliative Care Outreach Team, John Eastwood Hospice, Nottinghamshire Healthcare NHS Foundation Trust.
01623 781891
www.nottinghamshirehealthcare.nhs.uk

Assessment of my pain

Name: _____

Date: _____

I may not be able to tell you when I am in pain, please observe me.



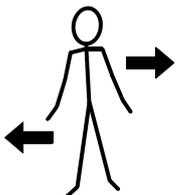
Changes to my general appearance.

Think about: weight loss, pressure areas, swelling, pressure areas, skin tears.



Changes to my facial expressions.

Think about: tense, frowning, grimacing, clenching teeth, biting lip.



Changes to my body language.

Think about: fidgeting, rocking, guarding a part of the body, change to posture, sleeping position, purposeless movements, rubbing.



Changes to my vocal sounds.

Think about: whimpering, groaning, crying, pitch, volume.



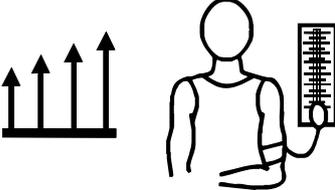
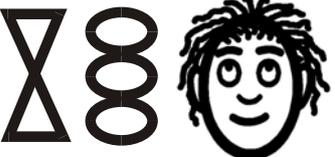
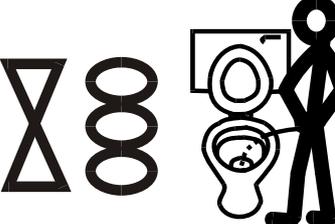
Changes in my behaviour.

Think about: confused, lack of appetite, alteration in usual patterns/routines.

NHS Number:

My bodily functions

Consider any physiological changes alongside any changes in usual self. (Physiological changes are supporting evidence only and are not to be used as the sole basis for the assessment of pain.)

		✓	✗
	Increased heart rate.	<input type="checkbox"/>	<input type="checkbox"/>
	Increased blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>
	Increased respiration.	<input type="checkbox"/>	<input type="checkbox"/>
	Change in facial colouring.	<input type="checkbox"/>	<input type="checkbox"/>
	Changed bowel movements.	<input type="checkbox"/>	<input type="checkbox"/>
	Change in urine output.	<input type="checkbox"/>	<input type="checkbox"/>