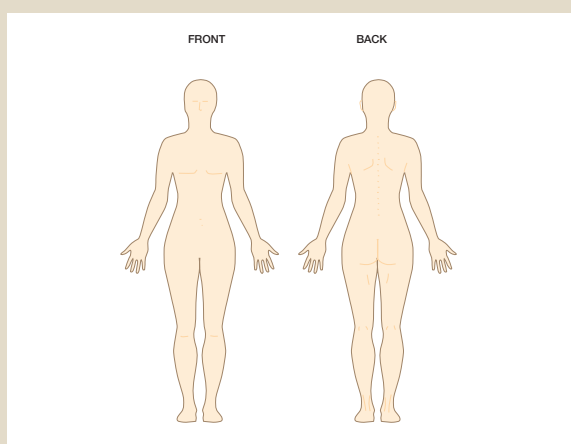# WOUND PAIN ASSESSMENT TOOL

PATIENT DETAILS:

Full name

Date of birth

Address

Hospital/ clinic no.

Duration of wound

Plan of care at initial assessment (if known):

Brief description of the wound:

Body map (to show location of wound pain as described by the patient)

FRONT   BACK

Pain scales (to measure patient's current level of pain)

Ask the patient on a scale of 0-10, where 0=no pain and 10=worst possible pain, to choose a number that best places his/her current level of pain

0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

Numerical rating scale

Ask the patient which word best describes his/her current level of pain

| NO PAIN | MILD PAIN | MODERATE PAIN | SEVERE PAIN |

Verbal rating scale

KEY ASPECTS OF ASSESSMENT

	Initial assessment Date: Assessor:	Reassessment Date: Assessor:	Reassessment Date: Assessor:
Assessment of pain:			
1. Potential causes of persistent underlying wound pain at rest			
2. Location of wound pain			
3. Signs of neuropathic pain			
4. What makes the pain worse?			
5. What dressing-related activities make the pain worse?			
6. What reduces the pain?			

THIS HAS NOT BEEN VALIDATED AND IS PROVIDED AS AN EXAMPLE OF A DETAILED PAIN ASSESSMENT TOOL ONLY

WOUND PAIN ASSESSMENT TOOL

KEY ASPECTS OF ASSESSMENT	Initial assessment Date: Assessor:	Reassessment Date: Assessor:	Reassessment Date: Assessor:
7. What reduces the pain during or after dressing-related procedures?			
8. Patient's feelings about wound and/or dressing-related procedures			
9. Pain intensity score *before* wound dressing-related procedure			
10. Note indications that dressing-related procedure caused pain/tissue trauma			
Interventions to manage pain:			
11. Cleansing agent and technique			
12. Dressing choice(s)			
13. Methods used to secure dressing			
14. Care of skin surrounding wound			
15. Consider analgesia			
16. Other strategies used to relieve pain			
17. Pain intensity score *during* wound dressing-related procedure			
18. Indications that patient is experiencing pain			
19. Pain intensity score *after* wound dressing-related procedure			
20. Time taken for pain to resolve after dressing change/procedure			
21. Changes made to reduce pain at dressing-related procedures			
Signature of assessor(s):			