LEAN PAIN RELIEF INITIATIVE

Functional Pain Assessment Tool for Nurses

Assess what pain prevents, agree on a patient-defined function goal, and reassess benefit and harm after intervention. Do not use a pain number alone as an automatic medication threshold.

Patient name or ID	Date and time	Nurse and credentials	Unit or setting
_____	_____	_____	_____

Reason ☐ Initial assessment ☐ Routine assessment ☐ Change in condition ☐ Before intervention ☐ Reassessment

PAIN PROFILE

Pain now 0 to 10	____	**Location and radiation**	_____
Worst past 24 hours	____	**Onset course and pattern**	_____

Quality ☐ Aching ☐ Burning ☐ Cramping ☐ Electric or shooting ☐ Pressure ☐ Stabbing ☐ Throbbing ☐ Other _____

FUNCTIONAL IMPACT

Interference rating 0 = none and 10 = unable

Mobility or transfers	Self care	Sleep or rest	Therapy work or daily roles	Mood attention or social activity
____ / 10	____ / 10	____ / 10	____ / 10	____ / 10

Patient stated functional goal I want to be able to _____	**Aggravating factors** _____
Relieving factors and prior response _____	**Baseline or prior level of function** _____

OBSERVATION AND SAFETY

Observed or reported ☐ Guarding ☐ Grimacing ☐ Reduced movement ☐ Sleep disruption ☐ Limited participation ☐ None observed	**Alertness or facility sedation score** _____
New or unexpected findings ☐ Weakness or numbness ☐ Bowel or bladder change ☐ Fever ☐ Trauma ☐ Chest pain or dyspnea ☐ Acute neurologic change	**Respiratory status** RR ____ SpO2 ____% O2 _____
Treatment effects ☐ Nausea ☐ Constipation ☐ Dizziness ☐ Pruritus ☐ Confusion ☐ Other _____ ☐ None	**Fall or mobility concern** ☐ Yes ☐ No Details _____

Unable to self report ☐ No ☐ Yes - use facility-approved behavioral pain tool and document why: _____

INTERVENTION AND PLAN

Intervention ☐ Positioning ☐ Ice or heat if appropriate ☐ Relaxation or distraction ☐ Pacing or mobility ☐ Medication per order ☐ Education	**Other or details** _____
Expected function after intervention Patient will be able to _____	**Planned reassessment** Time _____ Method _____

REASSESSMENT

Date and time	Pain now	Function goal	Function
_____	____ / 10	☐ Met ☐ Partly met ☐ Not met	☐ Better ☐ Same ☐ Worse

Benefit adverse effect balance and patient response _____	**Next action education notification or escalation** _____

Escalate urgent or unexpected findings according to facility policy and professional scope. *This resource supports education and structured clinical thinking. It does not replace assessment, clinical judgment, facility policy, professional scope of practice, or applicable law.* **Sources:** CDC Guideline • VA Pain Management • Joint Commission Pain FAQs