

SOAPIE PAIN MANAGEMENT

S SUBJECTIVE (Pain Medication)

- Routine Administration Physician Order
- Patient/Resident Request Need or Clinical Decision to Administer a PRN Pain Medication

O OBSERVATION (Possible Pain Indicators)

NON-VERBAL SOUNDS

- Crying
- Whining
- Gasping
- Moaning
- Groaning

VOCAL COMPLAINTS

- "That hurts!"
- "Ouch!"
- "Stop"

FACIAL EXPRESSIONS

- Grimaces
- Winces
- Wrinkled forehead
- Furrowed brow
- Clenched teeth or jaw

PROTECTIVE BODY MOVEMENTS OR POSTURES

- Bracing
- Guarding
- Rubbing
- Massaging a body part/area
- Clutching or holding a body part during movement

A ASSESSMENT (Comfort Level Determination)

1. Conduct pain assessment and observe for pain indicators prior to administering pain medication.
2. Document pre-pain assessment results.
3. Re-assess 15 – 30 minutes post pain medication administration. Assess and observe for pain relief and adverse reaction to pain medication.
4. Document post-pain assessment results and post pain indicators observed.

P PLAN (Continue or Report)

- Plan is effective. Continue with physician order for pain management as written.
- Notify physician. Lack of effectiveness of pain medication.
- Notify physician. Adverse reaction or side effect to pain medication.
- Notify physician. Recommend PRN pain medication to be a routine based on frequency of use and documented pain assessment.

I INTERVENTION IMPLEMENTED (Skilled Care Medical Necessity)

- Monitor for ongoing pain relief needs.
- Apply revised pain management program as directed by physician on plan of care.

E EVALUATE EFFECTIVENESS (Quality of Care Standard)

- Offer alternatives to pain medication such as dimming lighting, reduce noise or a warm blanket.
- Notify physician of ongoing uncontrolled pain needs.