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# Pain Assessment

## 1. Pain Story

Allow patient to tell their pain story, including traumatic or inciting events.

**P - Palliative, Provocative:** factors that make pain better or worse

**Q - Quality:** description of pain (burning, shooting, tingling, etc.)

**R - Radiation:** locations of pain migration

**S - Severity:** 1-10  
Visual Analogue Pain Assessment Scale



**T - Time:** How long has pain been ongoing?  
Is it constant? Duration?

## 2. Management History

Interventions to date and outcomes

- Pharmacologic therapies
- Non-pharmacologic therapies
- Substance use

## 3. Illness Experience

**F -** How the patient **FEELS** about the pain

**I -** Patient's **IDEAS** about causes and other factors related to the pain

**F -** How the patient's **FUNCTION** is affected by the pain

**E -** patient's **EXPECTATIONS** for care and overall outcomes/goals

## 4. Physical Examination

- In acute setting, observe patient from a distance (before arriving at bedside) to assess level of distress/stability.

- If pain is secondary to trauma, ensure patient is stable (ABCs) and assess for secondary injuries.

- Conduct a targeted exam relevant to symptom(s).

- Brief examination of mental status (speech, cognition, understanding).

## 5. Contextual Issues

Mood Disorders & Depression	- Screen for depression in patients with chronic pain. - Avoid opioids if mood disorder is unstable.
Addiction History	- Avoid opioids in patients with current/past addiction (any type). - Use tools (CAGE) to clarify whether substance use is an addiction.
Work Related	- Clarify whether pain was caused by a job-related injury or due to personal risk factors/other illness. - Worker's Compensation assessment must be completed for work-related injuries.
Developmental Disability	- If capacity is insufficient to provide Hx, help develop and/or follow care plan -> connect with caregiver. - High frequency of homelessness and other social RFs.
Homeless	- High incidence of chronic pain, frequent neuropathies. - Pain has often been managed suboptimally.
Multicultural / Minorities	- Use Pictorial Representation of Illness and Self Measure (PRISM) tool to overcome language barriers.
Pregnancy	- Avoid opioids in pregnant patients; opioids should be tapered slowly (to avoid premature labour and spontaneous abortion). - Acetaminophen and NSAIDS (excluding ASA) are not contraindicated but should be used at the lowest therapeutic dose in pregnancy; NSAIDS should be avoided after 32 weeks GA.
Breastfeeding	- Avoid codeine in breastfeeding mothers due to conversion issues.
Palliative Care	- Patients should receive a pain assessment, plan education, rapid onset of multimodal treatment. - Patient should be referred to a pain management specialist if pain improvement is not rapid; see Palliative Care card.
Sex of Patient and Provider	- Males with moderate pain report higher scores to male providers. - Both males and females with extreme pain report higher scores to female providers.