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## Canadian Family Medicine Clinical Card

A24 2019  
www.learnfm.ca

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# Pain Assessment

### 1. Pain Story

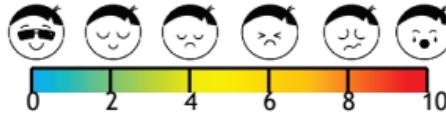
Allow patient to tell their pain story, including traumatic or inciting events.

**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 | <ul style="list-style-type: none"><li>- Screen for depression in patients with chronic pain.</li><li>- Avoid opioids if mood disorder is unstable.</li></ul>  |
| Addiction History           | <ul style="list-style-type: none"><li>- Avoid opioids in patients with current/past addiction (any type).</li><li>- Use tools (CAGE) to clarify whether substance use is an addiction.</li></ul>  |
| Work Related                | <ul style="list-style-type: none"><li>- Clarify whether pain was caused by a job-related injury or due to personal risk factors/other illness.</li><li>- Worker's Compensation assessment must be completed for work-related injuries.</li></ul>  |
| Developmental Disability    | <ul style="list-style-type: none"><li>- If capacity is insufficient to provide Hx, help develop and/or follow care plan -&gt; connect with caregiver.</li><li>- High frequency of homelessness and other social RFs.</li></ul>  |
| Homeless                    | <ul style="list-style-type: none"><li>- High incidence of chronic pain, frequent neuropathies.</li><li>- Pain has often been managed suboptimally.</li></ul>  |
| Multicultural / Minorities  | <ul style="list-style-type: none"><li>- Use Pictorial Representation of Illness and Self Measure (PRISM) tool to overcome language barriers.</li></ul>  |
| Pregnancy                   | <ul style="list-style-type: none"><li>- Avoid opioids in pregnant patients; opioids should be tapered slowly (to avoid premature labour and spontaneous abortion).</li><li>- 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.</li></ul> |
| Breastfeeding               | <ul style="list-style-type: none"><li>- Avoid codeine in breastfeeding mothers due to conversion issues.</li></ul>  |
| Palliative Care             | <ul style="list-style-type: none"><li>- Patients should receive a pain assessment, plan education, rapid onset of multimodal treatment.</li><li>- Patient should be referred to a pain management specialist if pain improvement is not rapid; see Palliative Care card.</li></ul>  |
| Sex of Patient and Provider | <ul style="list-style-type: none"><li>- Males with moderate pain report higher scores to male providers.</li><li>- Both males and females with extreme pain report higher scores to female providers.</li></ul>   |