

APPENDICES

APPENDIX A

Open ended questions

Questions asked nurses during the reconnaissance phase.

What is happening in the current practice in pain assessment?

What are the strength and weakness of the current practice in pain assessment?

How can we improve the current practice in pain assessment?

Why do we need to change the current practice in pain assessment?

How can this change benefit the patients and nurses?

Questions put forward to the nurses during the implementation phase.

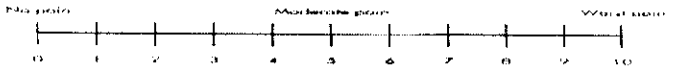
What was the experience during the implementation?

What are the problems encountered during the process?

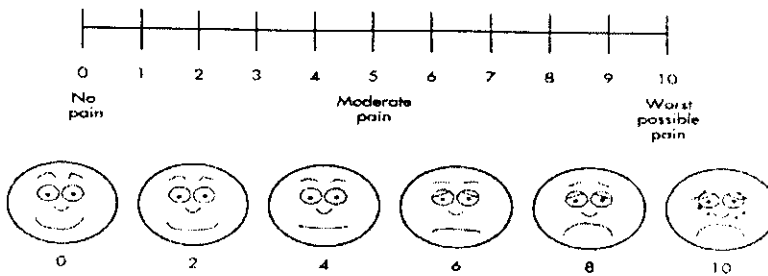
What helps and what inhibits the implementations of the protocol?

APPENDIX B

Pain intensity rating tools



B1: The Numerical Rating Scale with rating scale from 0 – 10



B2: Combination of Face Rating Scale and Numerical Rating Scale (with a scale of 0 – 10)

From McCaffery, M. and Pasero, C. (1999). Assessment underlying complexities, misconceptions, and practical tools. Pain Clinical Manual (2nd ed.). pg 36-99, Mosby: St.Louis.

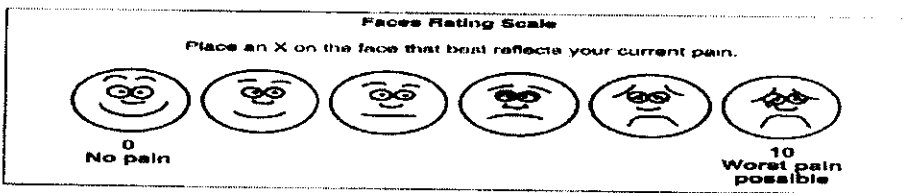


Figure 2. Three pain intensity rating scales contained within questionnaire.

B3. Face Rating Scale (0 to 10)

From Carey, S.J., Turpin, C., Smith, J., Whatley, J., and Haddock, D. (1997). Improving pain management in acute care setting. Orthopedic Nursing, 16(4), 29-35.

APPENDIX C

Appendix 1

Pain assessment chart

Patient's name:
 Date of admission:
 Date of discharge:

I.P. NO:

Instructions:
 Put an 'x' to indicate which best describes the pain since the last recording

		10	Date																		
			Assessment time																		
As much pain as I could possibly bear		9	10																		
			8	9																	
			7	8																	
			6	7																	
A very bad pain		5	6																		
			4	5																	
			3	4																	
			2	3																	
Quite a lot of pain		1	2																		
			0	1																	
			5	Nurse's sign./initials																	
			4	Analgesics time name & dose																	
A little pain		3	Site of pain																		
		2	Comment/nursing action																		
I've no pain at all		1																			
		0																			

From Hastings, F. (1995). Introduction of use of structured pain assessment for post-operative patients in Kenya: implementing change using a research-based co-operative approach. Journal of Clinical Nursing, 4, 169-176.

APPENDIX D

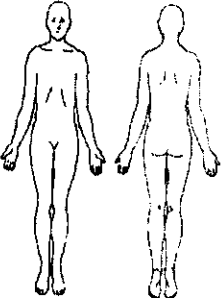
Pain assessment tool		Date																							
<p>In the past 24 hours have you had any pain or discomfort? Yes No</p> <p>If you have pain please put a mark(s) on the picture below where you have pain or discomfort.</p>  <p>When you have the pain or discomfort can you mark on the chart the number that equals the severity of your pain and any of the words which describe it?</p> <table border="0"> <tr> <td>Excruciating</td> <td>10</td> <td rowspan="10"> WORDS TO DESCRIBE PAIN Tender, crushing Squeezing Stabbing Sharp Electric shock Burning Throbbing Dull Sore Aching Discomfort </td> </tr> <tr><td></td><td>9</td></tr> <tr><td></td><td>8</td></tr> <tr><td></td><td>7</td></tr> <tr><td>Moderate</td><td>6</td></tr> <tr><td></td><td>5</td></tr> <tr><td></td><td>4</td></tr> <tr><td>Slight pain</td><td>3</td></tr> <tr><td></td><td>2</td></tr> <tr><td></td><td>1</td></tr> <tr><td>No pain</td><td>0</td></tr> </table>		Excruciating	10	WORDS TO DESCRIBE PAIN Tender, crushing Squeezing Stabbing Sharp Electric shock Burning Throbbing Dull Sore Aching Discomfort		9		8		7	Moderate	6		5		4	Slight pain	3		2		1	No pain	0	
Excruciating	10	WORDS TO DESCRIBE PAIN Tender, crushing Squeezing Stabbing Sharp Electric shock Burning Throbbing Dull Sore Aching Discomfort																							
	9																								
	8																								
	7																								
Moderate	6																								
	5																								
	4																								
Slight pain	3																								
	2																								
	1																								
No pain	0																								
Problem	Goal	Any comments on the usefulness/design etc. of this pain assessment tool																							
Interventions	Evaluation																								

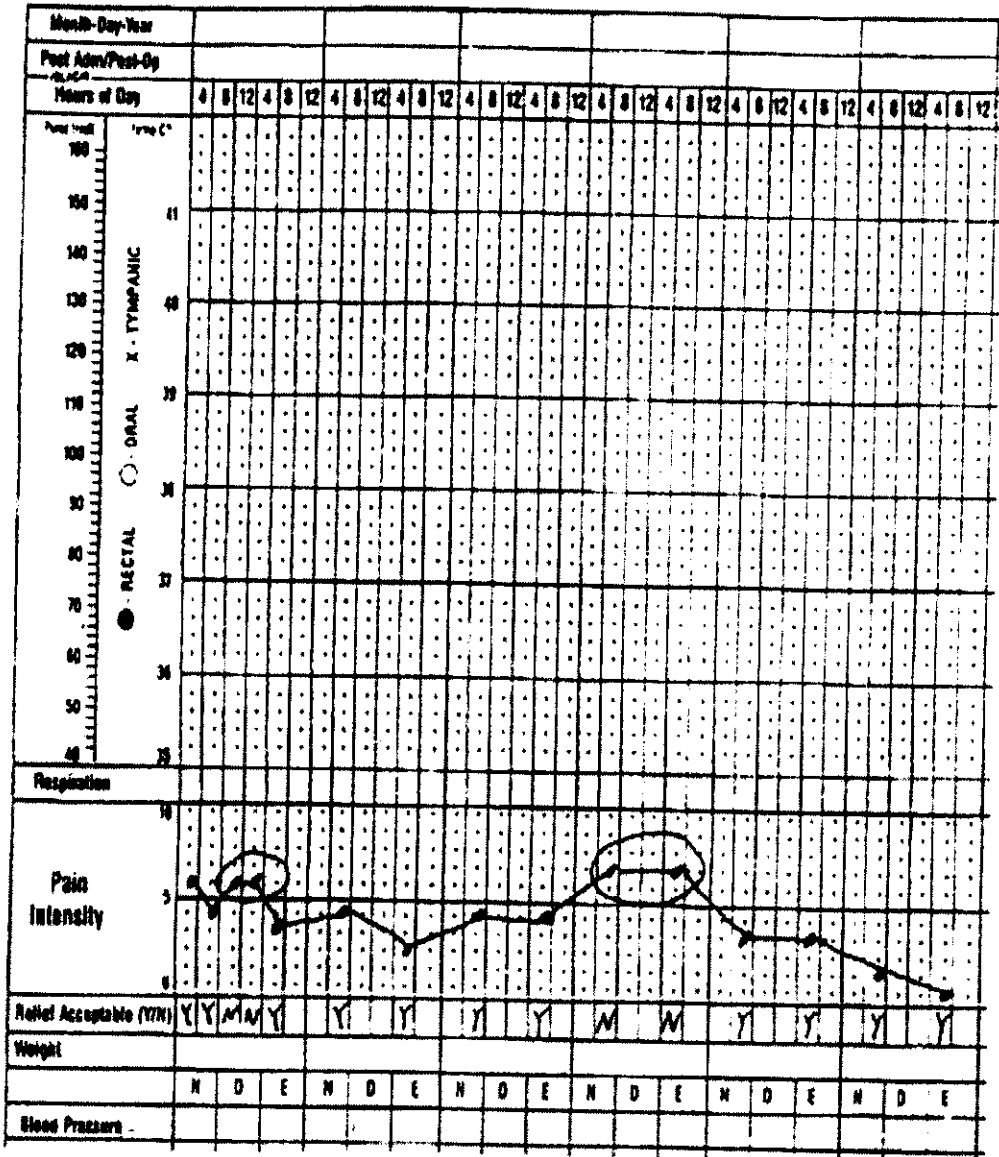
Figure 1 Pain assessment chart and care plan.

From Carr, E.C.J. (1997). Evaluating the use of a pain assessment tool and care plan: a pilot study. *Journal of Advanced Nursing*, 26, 1073-1079.

APPENDIX E

VITAL SIGNS CHART

TEMPERATURE



From American Pain Society Quality of Care Committee (1995). Quality improvement guidelines for the treatment of acute pain and cancer pain. *JAMA*, 274(23), 1874-1880.

APPENDIX F

SHORT-FORM MCGILL PAIN QUESTIONNAIRE
RONALD MELZACK

PATIENT'S NAME: _____

DATE: _____

	NONE	MILD	MODERATE	SEVERE
THROBBING	0) _____	1) _____	2) _____	3) _____
SHOOTING	0) _____	1) _____	2) _____	3) _____
STABBING	0) _____	1) _____	2) _____	3) _____
SHARP	0) _____	1) _____	2) _____	3) _____
CRAMPING	0) _____	1) _____	2) _____	3) _____
GNAWING	0) _____	1) _____	2) _____	3) _____
HOT-BURNING	0) _____	1) _____	2) _____	3) _____
ACHING	0) _____	1) _____	2) _____	3) _____
HEAVY	0) _____	1) _____	2) _____	3) _____
TENDER	0) _____	1) _____	2) _____	3) _____
SPLITTING	0) _____	1) _____	2) _____	3) _____
TIRING-EXHAUSTING	0) _____	1) _____	2) _____	3) _____
SICKENING	0) _____	1) _____	2) _____	3) _____
FEARFUL	0) _____	1) _____	2) _____	3) _____
PUNISHING-CRUEL	0) _____	1) _____	2) _____	3) _____



P P I

- 0 NO PAIN _____
- 1 MILD _____
- 2 DISCOMFORTING _____
- 3 DISTRESSING _____
- 4 HORRIBLE _____
- 5 EXCRUCIATING _____

APPENDIX G

HOSPITAL UNIVERSITI
UNIVERSITI SAINS MALAYSIA
KUBANG KERIAN, KELANTAN

CARTA KLINIKAL

TARIKH (DATE)																									
HARI (DAYS)																									
MASA (TIME)	6	12	18	24	6	12	18	24	6	12	18	24	6	12	18	24	6	12	18	24	6	12	18	24	
SUHU (TEMPERATURE)	40																							104.0	
	39																							102.2	
	38																							100.4	
	37																							98.6	
	36																							96.8	
	35																							95.0	
	°C																							°F	
	NADI (PULSE)	150																							160
140																								140	
130																								130	
120																								120	
110																								110	
100																								100	
90																								90	
80																								80	
70																								70	
60																								60	
PERNAFAKAN (RESPIRATION)	50																							50	
	40																							40	
	30																							30	
	20																							20	
Tinggi semasa masuk wad (Height at admission)																									
Nadi Apikal (Apical Pulse)																									
(Weight) Berat																									
B. P.																									
Defecation																									

CARTA KLINIKAL
(CLINICAL CHART)

No. Pand.	
Nama	
Unit	

APPENDIX H

**HOSPITAL UNIVERSITI (USM)
KUBANG KERIAN, KELANTAN**

Wad:

No. Katil:

Nama:

No. Pend: No. K/P:

K/E: Jant: T/L:

Alamat:

.....

Tarikh	Masa	Tekanan Darah	Nadi	Pernafasan	Catatan

CARTA TEKAMAN DARAH & NADI

RP 014/B/84

Blood pressure and pulse used by nurses in HUSM

APPENDIX I

HOSPITAL UNIVERSITI GAIUS MALAYSIA
 CARTA PENGALIRAN DARAH (*Blood circulation chart*) KUDANG KENYAN, KELANTAN.

							ETHNIK- ALAMAT	
							WAD EATIL	
TARIKH	MASA	WARNA	TUBUH	DIRIA RASA	PERUBAHAN	NADI	CATITAN	
NAMA				NOMOR PENDAFTARAN				

CARTA PENGALIRAN DARAH

RI/01/3/92

Blood circulation chart used by nurses in HUSM

APPENDIX J

FORM II : NURSING OBSERVATION CHART

TECHNIQUE : EPID. COCKTAIL INFUSION, PCA, PCEA, SCM, CMI, ITM,
OTHERS _____

PAIN SCORE

- 0 = no pain
- 1 = slight pain
- 2 = tolerable pain easily
- 3 = bad pain
- 4 = worst pain imaginable

SEDATION SCORE

- 0 = none (patient is awake/alert)
- 1 = mild (occasionally drowsy)
- 2 = moderate (frequently drowsy, easily rousable)
- 3 = severe (difficult to rouse)
- 5 = sleeping (easy to rouse)

DATE	TIME	DRUG	DOSE	PAIN SCORE	SED. SCORE	RESP. RATE	BP & PR	COMMENTS & ▼ OTHER S/E

▼ **OTHER COMMENTS & S/E ; SHOULD INCLUDE N & VOMITTING, PRURITIS, PDPH, NPU AND UNDESIRABLE OUTCOME.**

Nursing observation chart for pain score and sedation score APS form

APPENDIX K

Patients Outcome Questionnaire

1. Have experienced any pain in the past 24 hours?
 Yes No
 2. On a scale of 0-10, how much pain are you having right now? _____
 3. On a scale of 0-10, please indicate the worst pain you had in the past 24 hours

 4. On the scale of 0-10, please indicate the average level of pain you have had in the past 24 hours _____
 5. Select the phrases that indicate how satisfied or dissatisfied you are with your pain treatment overall

<input type="checkbox"/> (1) Very dissatisfied	<input type="checkbox"/> (4) Slightly satisfied
<input type="checkbox"/> (2) Dissatisfied	<input type="checkbox"/> (5) Satisfied
<input type="checkbox"/> (3) Slightly dissatisfied	<input type="checkbox"/> (6) Very satisfied
 6. Select the phrases that indicate how satisfied or dissatisfied you are with the way nurses responded to your reports of pain

<input type="checkbox"/> (1) Very dissatisfied	<input type="checkbox"/> (4) Slightly satisfied
<input type="checkbox"/> (2) Dissatisfied	<input type="checkbox"/> (5) Satisfied
<input type="checkbox"/> (3) Slightly dissatisfied	<input type="checkbox"/> (6) Very satisfied
 7. If you are not satisfied with your pain treatment please explain why _____
-
8. When you asked for pain medication what is the longest time that you have to wait to get the it.

<input type="checkbox"/> (1) 5-10 minutes	<input type="checkbox"/> (5) >50 minutes
<input type="checkbox"/> (2) 11-20 minutes	<input type="checkbox"/> (6) Asked for medicine but never received it
<input type="checkbox"/> (3) 21-30 minutes	<input type="checkbox"/> (7) Never asked for pain medication
<input type="checkbox"/> (4) 31-50 minutes	
 9. Was there a time that the medication you were given for pain did not help and you asked for something more or different to relieve the pain?
 (1) Yes (2) No
 10. If you answer yes how long did it take before the nurse gave you something stronger or different.

<input type="checkbox"/> (1) < 1 hour	<input type="checkbox"/> (2) 1-2 hours
<input type="checkbox"/> (3) 3-4 hours	<input type="checkbox"/> (4) 5-8 hours
<input type="checkbox"/> (5) 9-24 hours	<input type="checkbox"/> (6) > 24 hours

Modified from American Pain Society, (1995). Quality improvement guidelines for the treatment of acute pain and cancer pain. JAMA, 274(23)