

Factors relevant to comprehensive pain assessment



Pain history

Using the OPQRST approach

- **Onset:** When and how did the pain begin?
- **Palliative/Provoking factors:** What makes the pain better or worse?
- **Quality:** Describe the pain (sharp, tingling, burning)
- **Radiation/Region:** Where is the pain? Does it radiate anywhere?
- **Severity:** How does the pain compare to other types of pain?
- **Temporal:** How long have you had the pain and does it change in intensity over time?

General medical history

- Relevant co-morbidities/diseases (for example, arthritis, cancer, vascular, neurological, gastrointestinal, renal, dementia, diabetes)
- Recent falls
- Associated symptoms (for example, nausea, dizziness)
- Weight loss, night sweats, general malaise

Physical examination

- Comprehensive examination covering and including:
 - Sites of reported pain and referred pain
 - Musculoskeletal system and signs of arthritis or inflammation or signs of fragility fracture
- Neurological system, including weakness and sensory changes, loss or weakness in bladder or bowel control
- Degree of frailty

Investigations

- Blood tests
- Imaging

Physical impact of pain

- Spontaneous movement
- Comfort on movement
- Impact of pain on activities of daily living
- Avoidance of activity
- Functional assessment of activities of daily living

Psycho-social factors

- The person's beliefs and understanding about the cause(s) of pain (for example, fear, hypervigilance)
- The person's cognitive state
- Presence of anxiety and/or depression
- Effect on sleep (duration/quality)
- Suicidal thoughts
- Family and cultural expectations and beliefs about pain
- The person's coping resources (resilience)
- Impact on relationships
- Impact on social activities

Review of medications and other treatments

- Treatments that have been tried (dose, adherence, side effects, outcomes)
- Reasons for discontinuation
- Allergies
- Effectiveness of current treatments

Prognosis

Consider interpretation of assessment and investigation findings:

- In discussion with the person and/or representative, as well as regular care staff
- In context of overall care priorities and balance of likely benefits and harms
- Understand what is necessary care and what is unnecessary care

Modified from references 2-4