

# Pain Management Nursing Progress Notes

Patient Name

Date

Time

Medical Record No.

Nurse Name

Ward/Unit

## Pain Assessment

Location of Pain

Pain Scale (0-10)

Type of Pain

Onset/Duration

Aggravating Factors

Relieving Factors

## Interventions

Describe pharmacologic and non-pharmacologic interventions provided...

## Response/Evaluation

Patient's response to interventions, new pain assessment, and any follow-up actions...

### **Additional Notes**

Other observations, recommendations, or comments...

Nurse Signature

Date/Time