

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