



Pain Assessment

1. Orientation

- a) What is your first and last name?
- b) How old are you and when is your birthday?
- c) What is going on right now?
- d) If they cannot answer any of the above then ask them specifically:
 - Person
 - Place
 - Time
 - Situation

2. Pertinent Questions

- a) Provoked: What were you doing when the pain started?
- b) Quality: What does the pain feel like? Sharp, dull, stabbing, etc
- c) Radiates: Does the pain move around or stay in one place?
- d) Severity: On a scale of 1-10, rate your pain
- e) Time: When did the pain start? 10m, 1hr, 2 days etc.

3. Pertinent Secondary

- a) Lung Sounds: Clear or abnormal
- b) JVD
- c) Edema: Sacral or Pedal
- d) Short of Breath

4. History: HAM

- a) History: Do you have any medical problems?
- b) Allergies: Do you have any allergies to medications?
- c) Medications: Are you taking any medications?

5. Treatment Plan:

- a) Vital Signs
- b) Treatment: O2, 12 Lead, Glucose, etc.
- c) Transport: ALS or BLS
- d) Position Patient
- e) Transport Destination