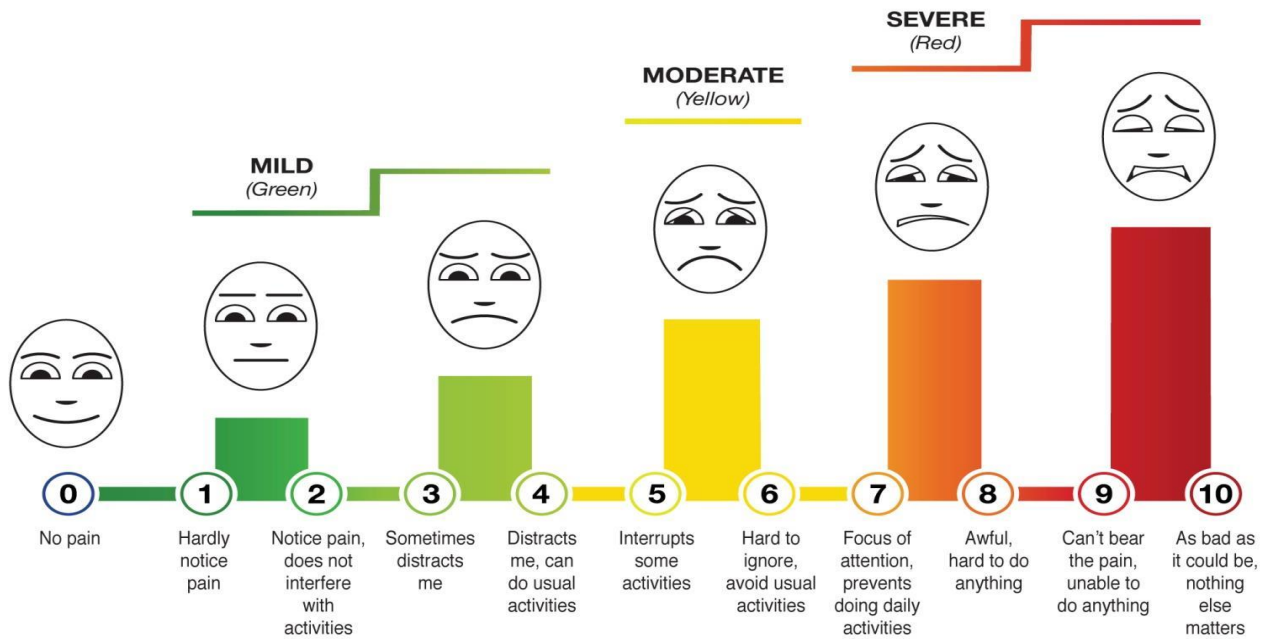


Pain Management Zones

GREEN ZONE	<p>ALL CLEAR (GOAL)</p> <p><u>Signs:</u></p> <ul style="list-style-type: none"> Your comfort level is ____ (0 - 10 scale where 0 = no pain and 10 = worse pain ever had) You are able to do basic activities and rest comfortably You do not have any new pain If you're taking opioid pain medication, your bowels are moving at least every 2 - 3 days 	<p>Doing Great!</p> <p>You are managing your pain at an acceptable level for you</p> <p>Actions:</p> <ul style="list-style-type: none"> Continue your medicines as ordered Continue _____ (ice, heat, therapy, etc.) along with your medicines Keep all doctor visits Continue regular exercise as prescribed
YELLOW ZONE	<p>CAUTION (WARNING)</p> <p>If you have any of the following:</p> <ul style="list-style-type: none"> Pain that is not at your comfort level with your usual treatments You are not able to do basic activities or rest comfortably New pain you have never had before If you are taking opioid medication, your bowels have not moved in 2 - 3 days You are sleeping more than usual You feel sick at your stomach You cannot take your medicine 	<p>Act Today! Call VNA</p> <ul style="list-style-type: none"> Call VNA Home Health: 1800-862-3330 After discharge from home health services on __/__/__ call your doctor or healthcare provider: _____ <i>(provider's phone number)</i>
RED ZONE	<p>EMERGENCY</p> <ul style="list-style-type: none"> You cannot get any relief from your usual treatments You have new, severe pain If you are taking opioid pain medication, your bowels have not moved for more than 3 days You are extremely sleepy You are throwing up You are confused 	<p>Act NOW!</p> <ul style="list-style-type: none"> Means you need to be seen by a doctor <u>right away!</u> Actions: <ul style="list-style-type: none"> Call your doctor right away _____ <i>(doctor's phone number)</i> Or call 911 or go to the Emergency Department.

References: Hinkle & Cheever. (2018). Bruner & Suddarth's Textbook of Medical-Surgical Nursing, 14th Edition; Lewis, Dirksen, Heitkemper, & Bucher. (2014). Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 9th Edition; WebMD, 2014

Defense and Veterans Pain Rating Scale



v 2.0

DoD/VA PAIN SUPPLEMENTAL QUESTIONS

For clinicians to evaluate the biopsychosocial impact of pain

1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **ACTIVITY**:



2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **SLEEP**:



3. Circle the one number that describes how, during the past 24 hours, pain has affected your **MOOD**:



4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your **STRESS**:



*Reference for pain interference: Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. Ann Acad Med Singapore 23(2): 129-138, 1994.

v 2.0