Acute Pain Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Sex: _____

Medical Diagnosis:

Medications:

ASSESSMENT

Pain Level Assessment:

Etiology/Contributing Factors:

Nursing Diagnosis:

GOALS

Pain Control:

Mobility Improvement:

INTERVENTIONS

Pharmacological Interventions:

Non-Pharmacological Interventions:

Patient Education:

EVALUATION

Reassessment of Pain:

Patient Feedback: