

# (ACUTE PAIN) NURSING CARE PLAN

Medical Diagnosis: Acute Pain		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Sharp pain</li> <li>• Throbbing</li> <li>• Burning</li> <li>• Stabbing pain</li> <li>• Weakness</li> <li>• Tingling</li> </ul>	Subjective pain assessment -asking where it hurts, how long, what makes it better? Or worse? What have they tried to relieve pain?" Use pain scale to assess pain level	Better understanding their pain will better help you in where you should begin in treating their level of pain
	Assess VS	Elevated BP, HR, and RR if patient having a lot of pain.
	Diagnostics/Physical Assessment	CT scan- broken bones/internal bleeding Physical assessment-head to toe to indicate a cause for the acute pain
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Guarding a body part</li> <li>• Facial expression (crying, moaning,)</li> <li>• Profuse sweating</li> <li>• Alteration in BP, HR, RR</li> </ul>	Pharmacological Methods	OTC medications (NSAIDS/Tylenol) Narcotics- patient may need something much stronger to control their pain
	Non-pharmacological Methods	Heat/ice, massage, relaxation techniques, distraction