

RESIDENT _____

| DATE | PROBLEM | GOAL | TO DATE | INTERVENTIONS | RESP DISC |
|------|---|--|---------|---|-----------|
| | <p>Potential for decreased or disrupted activity participation related to</p> <p>Pain</p> <p>As evidenced by:</p> <p>Resident complains of pain during activities</p> | <p>Resident will complete activities without pain</p> <p>Resident will verbalize comfort with activities</p> | | <p>Discuss with resident activities that precipitate pain and what may reduce it</p> <p>Assist resident to choose activities that promote optimum comfort</p> <p>Instruct resident about the role of distraction in pain relief</p> <p>Unless contraindicated, time pain medication to allow the medication to take effect prior to an activity the resident enjoys</p> <p>Monitor resident during activities for nonverbal signs of pain and discomfort such as Favoring one extremity, Guarding body part, Knees pulled up, Rocking, Rubbing body part, Wringing hands, Grimacing</p> <p>Relaxation programs and activities: Music, Massage, Guided imagery</p> <p>Bonding activities such as pet visit</p> <p>Spiritual support and activities</p> <p>Comfort food</p> <p>Inform Nursing staff of resident discomfort</p> <p>See Nursing care plan</p> | |