Recommended Data Standardization Research

The creators of My Pain Alert™ Scale Communication Tool have no professional affiliation with care provision agencies. Many studies in many settings are needed to give a tool like this “gold standard” traction. The following is offered with all due respect to the medical professionals in hospitals, clinics, rehabilitation agencies, schools, and sheltered care settings. Here are questions to facilitate “in house” quality assurance in regard to communication of an individual’s pain. Our hope is to have some consistency in the core data set, enabling decisive meta-studies to be published at some near future date. The studies should clarify this communication tool’s validity, reliability, and institutional cost impact in many settings around the world.

A second goal is to facilitate single subject studies, because there are many people with unique combinations of disorders needing scientific attention; and many advanced students in need of single subject studies to perfect their clinical and research skills. We encourage therapeutic professionals in training to use the following in their data sets, as well.

Question for admitting, start of new year, or change of personnel dealing primarily with this limited communicator, mark as many as apply: Patients current age in Years\_\_\_- Months\_\_\_

1. How does patient express pain at home: \_\_\_\_meets own needs without other’s help;

\_\_\_\_tells caregiver with words like “ouch”, “pain,” “need meds,” \_\_\_\_\_cries; \_\_\_\_\_ faces shows appearance of distress; \_\_\_\_\_squirms, body actions; \_\_\_\_use of assisted communication device;

and \_\_\_\_use of pain scale. Use lines below to detail communication device history, and/or pain scale practice log, and/or other language or method of communication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions for release from facility, end of year, or end of primary personnel’s responsibility (filled out by personnel named and signed below):

1. Patient’s communication of pain is: \_\_\_\_\_\_\_\_clear and consistent, \_\_\_\_\_\_\_\_\_ adequate, \_\_\_\_\_\_\_\_\_inconsistent or questionable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If questionable or inconsistent were facility operations effected: \_\_\_\_patient required more staff time to get needs met; \_\_\_patient’s reaction to pain resulted in personal or personnel injury; \_\_\_\_patient’s reaction to pain resulted in material waste; \_\_\_\_\_patient care was less than ideal.

3. If patient response was adequate, inconsistent or questionable: what helped? \_\_\_\_\_\_\_\_\_\_\_\_

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What hindered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Was a pain scale used\_\_\_\_\_\_\_\_ Name of scale\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Practice with scale prior to use with pain: \_\_\_\_none, \_\_\_\_\_1-5 sessions, \_\_\_\_\_6-10 sessions

\_\_\_\_\_ 11-20 sessions, \_\_\_\_\_\_21-36 sessions, \_\_\_\_\_\_\_37 or more sessions. \_\_\_\_\_\_\_unknown

6. Family/caregivers were present and available during \_\_\_\_\_\_\_\_ percent of my (personnel’s) interaction with patient. (Estimate-100%, more than 75%, > 50%, less than 50%, < 25%, no).

7. \_\_\_\_percent of observed interactions family/caregivers appeared supportive of patient.

8. \_\_\_\_percent of observed interactions family/caregivers appeared supportive of treatment plan.

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_