PAIN CONTROL AUDIT PROFORMA MACMILLAN COMMUNITY TEAM SOUTH DOWNS HEALTH NHS TRUST

Patient Na	ame:						
DOB:							
Date of re	ferral:						
Date of fire	st assessn	nent (Day	1):				
PAIN RATING:							
				Acceptable			
Day 1: "	Day 8: ii	Lot worse	Little worse	Same	Little better	Lot better	level of pain on Day 8? ⁱⁱⁱ (Y/N)
Was advice given by MCT communicated by: (a) Writing to primary care team? Y/N							
(b) Speaking to primary care team?							Y/N
(c) Both?							Y/N
2.	2. Was this advice wholly acted upon within 2 working days? Y/N						
 If "no" was this because: (a) GP did not write correct prescription? 							Y/N
(b) Pharmacist did not provide correctly prescribed drugs?							Y/N
(c) There was a delay in drugs reaching the patient?							Y/N
(d) DN did not administer correctly prescribed drugs?							Y/N
(e) Patient's condition changed?							Y/N
(f) Another reason? (please describe)							Y/N
Name of N	MCT memb	oer:					

Explanatory notes

- i. Patients, not staff, must give scores
- ii. Score from 0-5 on Day 1 and Day 8 (0 is no pain at all, 5 is the worst pain that patient can imagine)
- iii. On Day 8, tick appropriate column to give global rating (ask "How are you in yourself compared to last week?") and also indicate whether level of pain acceptable or not to patient
- iv. "Wholly" means that all recommended drugs were correctly prescribed and administered