

# Pain Management ZONES



REFERENCES: LEWIS, DUNKER, HEIKKILÄ, & BUCHER, (2014) *Medical-Surgical Nursing: Assessment and Management of*

<b>GREEN ZONE</b>	<p><b>ALL CLEAR (GOAL)</b></p> <ul style="list-style-type: none"> <li>Your comfort level is _____ (0 - 10 scale where 0 = no pain and 10 = worse pain ever had)</li> <li>You are able to do basic activities and rest comfortably</li> <li>You do not have any new pain</li> <li>If you're taking opioid pain medication, your bowels are moving at least every 2 - 3 days</li> </ul>	<p><b>Doing Great!</b></p> <ul style="list-style-type: none"> <li>You are managing your pain at an acceptable level for you</li> <li>Actions:             <ul style="list-style-type: none"> <li>Continue your medicines as ordered</li> <li>Continue _____ (ice, heat, therapy, etc.) along with your medicines</li> <li>Keep all doctor visits</li> <li>Continue regular exercise as prescribed</li> </ul> </li> </ul>
<b>YELLOW ZONE</b>	<p><b>CAUTION (WARNING)</b></p> <p><b>If you have any of the following:</b></p> <ul style="list-style-type: none"> <li>Pain that is not at your comfort level with your usual treatments</li> <li>You are not able to do basic activities or rest comfortably</li> <li>New pain you have never had before</li> <li>If you are taking opioid medication, your bowels have not moved in 2 - 3 days</li> <li>You are sleeping more than usual</li> <li>You feel sick at your stomach</li> <li>You cannot take your medicine</li> </ul>	<p><b>Act Today!</b></p> <ul style="list-style-type: none"> <li>Your pain control plan may need to be changed</li> <li>Actions:             <ul style="list-style-type: none"> <li>Call <b>your home health nurse</b></li> <li>_____ (agency's phone number)</li> <li>Or call <b>your doctor</b></li> <li>_____ (doctor's phone number)</li> </ul> </li> </ul>
<b>RED ZONE</b>	<p><b>EMERGENCY</b></p> <ul style="list-style-type: none"> <li>You cannot get any relief from your usual treatments</li> <li>You have new, severe pain</li> <li>If you are taking opioid pain medication, your bowels have not moved for more than 3 days</li> <li>You are extremely sleepy</li> <li>You are throwing up</li> <li>You are confused</li> </ul>	<p><b>Act NOW!</b></p> <ul style="list-style-type: none"> <li>You or your family need to call your nurse or doctor <u>right away</u></li> <li>Actions:             <ul style="list-style-type: none"> <li>Call <b>your home health nurse</b></li> <li>_____ (agency's phone number)</li> <li><b>OR call your doctor right away</b></li> <li>_____ (doctor's phone number)</li> </ul> </li> </ul>

Clinical Problems, 9<sup>th</sup> Edition; [WebMD](#), 2014; [CHAMP-Advancing Home Health Care Excellence for Older People](#), 2009



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