

Level 1: fairly stable level of pain and generally copes well; not deteriorating; needs some background support. e.g. Low Back Pain

Level 2: probably most usual level; e.g. Rheumatoid Arthritis with flare-ups; fluctuating level of pain; assessment to monitor possible deterioration.

Level 3: more complex medical conditions e.g. Diabetes with peripheral neuropathy; needs continuous monitoring; unstable condition, may deteriorate; multiple problems

Level 4: e.g. Chronic pain patient with suicidal ideas/actions.

#### Types of patients

1. Short-term: main aims prevention of development of secondary problems and rehabilitation
2. Severe and enduring illness: support, rehabilitation where possible

#### ASSESSMENT

- McGill pain questionnaire: incorporates physical and emotional aspects
- LIKERT scale
- ? Hamilton Anxiety Scale
- ? Beck Inventory for depression
- Combined pain and psychological assessment tools
- QOL assessment
- Practical needs: aids, ADL Assessment etc.
- Carer assessment
- Crisis management

- Established care-plan known to CPTT and patient
- Rapid response

#### AUDIT OF SERVICE:

In order to establish the degree of efficacy of the CPTT, a regular audit programme should be instituted.

In the USA, the Joint Commission of Accreditation of Healthcare Organisations (JCAHO) has issued guidelines and is responsible for accreditation of individual organisations. The Commission has designated pain as the "Fifth Vital Sign".