

RESOURCE 02 / PRACTICE WORKSHEET

Intervention & Reassessment

Practice the full care cycle: assess, intervene, reassess, communicate, and document.

For supervised learning or simulation. Use a case code only; omit patient identifiers. Never upload completed worksheets containing patient information.

Case code: _____ Learner: _____ Practice date: _____

1 Establish a baseline [1,2]

Baseline / goal	Practice time: _____ Scale / pain rating: _____ Activity affected and agreed goal: _____
Safety / context	Relevant findings, alertness, breathing if indicated, restrictions, allergies, and patient preference: _____

2 Describe what was actually done

Intervention	Method, patient agreement, and actual time: _____ If medication: record verified order details from an approved source. _____
Supervision / plan	Supervising clinician / role: _____ Reassess at: _____ Based on intervention, condition, and policy.

3 Compare before and after [1,2]

Measure	Before intervention	At reassessment
Actual time	_____	_____
Same scale / activity context	_____	_____
Function / agreed task	_____	_____
Alertness / breathing, if indicated	_____	_____
Adverse effects / new findings	_____	_____

4 Close the loop

Patient-reported benefit, concerns, and next action / monitoring plan:

Who was notified, when, response received, and follow-up responsibility:

Do not delay urgent escalation to wait for a planned reassessment time.

RESOURCE 02 / LEARNING NOTES & SELF-CHECK

Show What Changed

A useful reassessment includes benefit, function, safety, and the next action.

Choose the timing deliberately [1,2]

There is no single reassessment interval that fits every intervention. Use the route and expected effect of a medicine, the non-drug intervention used, patient risk, orders, and site policy. Record the planned time and the actual time. Reassess sooner when the condition changes.

Compare like with like [1,2]

Use the same pain scale when appropriate and describe the activity context. A resting rating before treatment and a walking rating after treatment are not directly equivalent. Ask whether the patient can do the agreed task more comfortably or with less assistance.

Keep safety separate from pain relief [2]

Less pain does not automatically mean a medicine is safe. When relevant, reassess arousability, respiratory rate and quality, oxygenation as ordered, dizziness, nausea, and other adverse effects. Record actual findings rather than "tolerated well" without supporting observations.

Escalation practice

If a patient is difficult to awaken or has slow, shallow breathing, activate the site's emergency response and notify the supervising clinician immediately. Follow emergency protocols; do not wait for routine reassessment.

Documentation practice

Fictional non-medication example

14:00: Patient reports low-back ache, 5/10 while sitting, and requests repositioning. Assisted to a supported position within the care plan.

14:20: Still sitting, now supported; reports 3/10 and can continue eating lunch; no new symptoms reported. Supervising nurse updated. Continue the agreed plan and reassess if symptoms change.

The example shows documentation structure only; the 20-minute interval is not a universal recommendation.

Write one sentence showing response, function, and a safety finding:

Teaching sources

[1] Chou, R., et al. (2016). Management of postoperative pain: A clinical practice guideline. The Journal of Pain, 17(2), 131-157. [Source](#)

[2] Dowell, D., et al. (2022). CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022. MMWR, 71(RR-3), 1-95. [Source](#)

The postoperative and adult outpatient sources apply to different settings. Neither replaces local reassessment or emergency-response policy; CDC prescribing guidance has specialty exclusions.

Original educational worksheet, not a validated assessment instrument, medication order, or clinical protocol. Follow current site policies, approved resources, and supervision requirements.