

RESOURCE 03 / PRACTICE WORKSHEET

# Non-Medication Pain Care Planner

Match one feasible strategy to the patient's goal, preferences, and safety needs.

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 Agree on a goal

|                    |                                                                       |
|--------------------|-----------------------------------------------------------------------|
| Pain / function    | Main concern and activity affected: _____<br>_____                    |
| Patient preference | What has helped? What would the patient like to try?<br>_____         |
| Practical barriers | Language, equipment, cost, fatigue, mobility, sensory needs:<br>_____ |

## 2 Choose a supervised option [1,2]

- ☐ Positioning ☐ Pacing ☐ Gentle movement / rehabilitation  
☐ Breathing / relaxation ☐ Preferred music / distraction  
☐ Heat or cold, if appropriate ☐ Other: \_\_\_\_\_

|                   |                                                                                                                             |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Safety checks     | Restrictions, sensation/skin, fall risk, or other precautions:<br>_____                                                     |
| Agreed plan       | Method, duration per approved guidance, equipment, and support:<br>_____                                                    |
| Teaching / choice | Explain expected comfort benefit, stop signals, and the right to decline.<br>How will the patient show understanding? _____ |

## 3 Evaluate rather than assume benefit

|           |                                                                                                                |
|-----------|----------------------------------------------------------------------------------------------------------------|
| Response  | Before / after: same pain scale and activity context.<br>What changed in comfort, function, or symptoms? _____ |
| Next step | Continue, adapt with supervision, or stop and report?<br>Review time / person responsible: _____               |

# Choose an Option With Care

These are discussion prompts, not a menu of proven treatments for every pain condition.

## Options and safety questions [1,2]

| Option                               | Possible use / purpose                                                                         | Check before trying                                                                                                                            |
|--------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Positioning / support</b>         | Comfort during rest or an agreed task.                                                         | Follow mobility and postoperative restrictions; check skin and support needs.                                                                  |
| <b>Pacing</b>                        | Break a task into manageable steps and planned rests.                                          | Avoid an all-or-nothing activity pattern; coordinate with the rehabilitation plan.                                                             |
| <b>Movement / PT / OT</b>            | Physical therapy (PT), occupational therapy (OT), and appropriate activity for daily function. | Confirm weight-bearing status, fall precautions, and individualized exercise guidance.                                                         |
| <b>Heat / cold</b>                   | Comfort for selected conditions; heat is an option for some acute low-back pain.               | Follow device directions and policy. Protect skin; impaired sensation or circulation needs clinician review. Do not sleep on a heating device. |
| <b>Breathing / relaxation</b>        | Reduce tension and support coping.                                                             | Use comfortable, unforced breathing; stop if dizzy or distressed.                                                                              |
| <b>Preferred music / distraction</b> | Support comfort or relaxation according to patient preference.                                 | Ask permission; keep volume safe and preserve communication and awareness.                                                                     |

## How to explain the plan

### Patient-centered language

"We can try an option you feel comfortable with while following your care plan. We will check whether it helps you do what matters to you. Please tell me if it worsens your symptoms or you want to stop."

## Self-check

- ☐ The patient chose or agreed to the option; declining was respected.
- ☐ I checked restrictions and documented response, not just completion.
- ☐ I reported new or worsening symptoms and did not substitute this for needed evaluation.

## Teaching sources

[1] Qaseem, A., et al. (2017). Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline. *Annals of Internal Medicine*, 166(7), 514-530. [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 ACP reference is specific to low-back pain. The CDC source discusses multimodal care within its adult outpatient scope. These sources do not establish equal benefit for every option or condition.

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