



Pain Clinical Reasoning Guide

Steps/Questions	If Yes	If No	Watch out for
I. Have I identified their pain type?	Treatment implications	What do I need in order to do this?	Assuming nociception
2. Do I know they are safe? Medically, structurally, psychologically	Explain to the patient how you know they are safe	What do I need in order to know this?	Investigation without indication. Missing mental health risks. Not getting the expected outcome may mean a relevant flag has been missed.
3. Do I know the biopsychosocial contributors to their pain?	Ensure what can be addressed is being addressed.	Assess further/refer	Focusing on biomedical only. Repeating unsuccessful, short lived treatments. Passive treatment focus.
4. Do I know what the factors are impacting their function?	Ensure they are being addressed	Assess/refer	Assuming pain must result in poor function
5. Is my relationship with this patient sound and effective?			
a) Do I know where my patient is at? Beliefs, hopeless – helpless-hopeful, coping, goals, locus of control, readiness to engage in plan,	If they need help or a shift, what will help? Acknowledge all areas in which they are coping, or making an effort, or succeeding in.	Assess	Clinician and patient in different places with different goals. Patient losing confidence and motivation May need to re-explain the safety step several times.
b) What is happening for me? Have I ever felt uncomfortable or distressed with this patient?	Why? Patient: distress, addiction, personality disorder? Clinician: Is the assessment and the treatment plan complete and being followed? Clinician discomfort with uncertainty, distress?	Great	Remember you are not a failure if you can't fix it Review your safety check and plan.
sls this going as I expected?	great	Trust your instincts. Review above steps.	Not recognising when to refer on or cease treatment. Measuring success only by pain reduction. Even the best treatment plan and performance can have limited results.

