



# PROCENA BOLA

Prof Dr Vladimir Djukić, dr sc med.

# Bol: definicija

“

*“Neprijatan čulni i emocionalni doživljaj, koji povezujemo sa postojećim ili mogućim oštećenjem tkiva ili opisujemo rečima koje odgovaraju tom oštećenju”*

International Association for the Study of Pain, IASP

# Bol: definicija

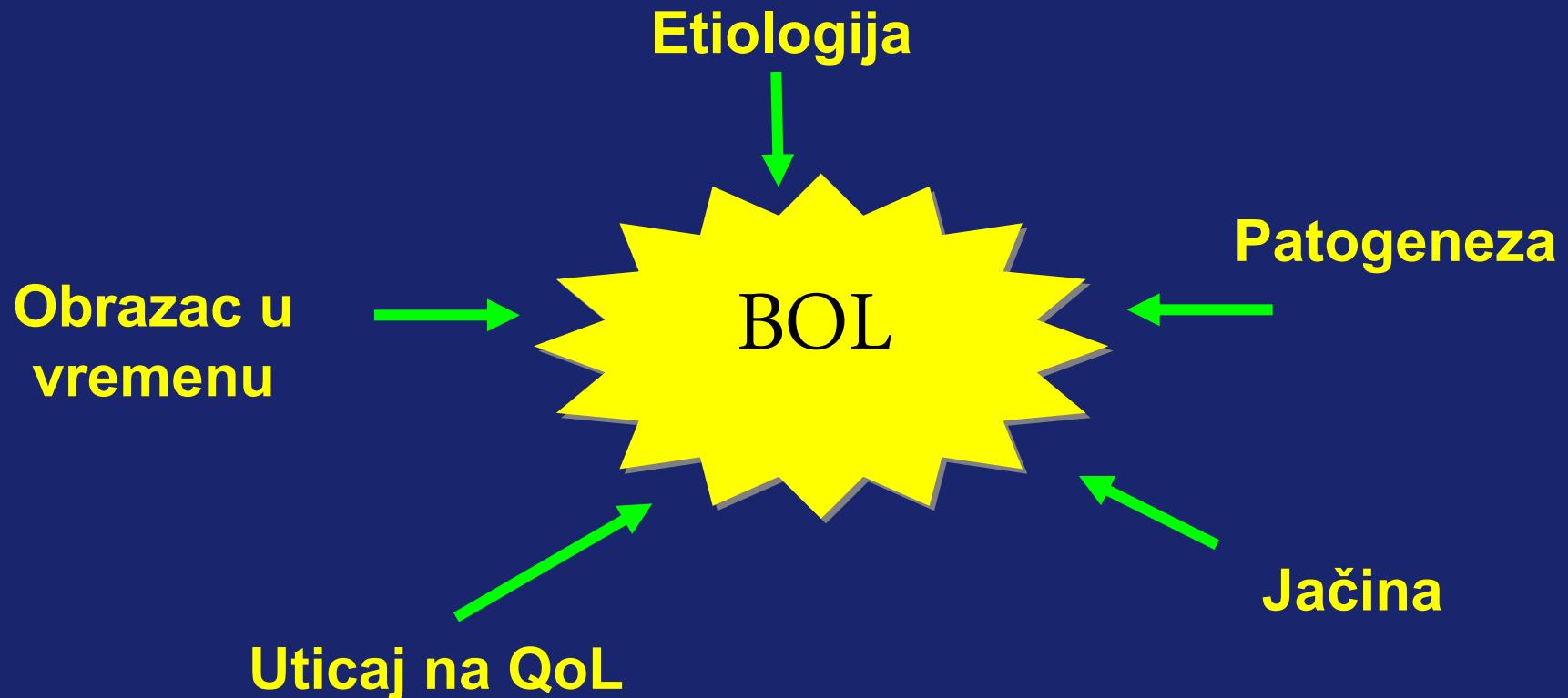
*„Bol je sve ono što bolesnik kaže da boli“.*

R.Twycross & A. Wilcock, 2002.

# Kancerski bol

Bol je stalan podsetnik na bolest i smrt

# EVALUACIJA BOLA



# Pristup bolesniku sa bolom

## Evaluacija

- Anamneza bola
- Fizikalni, neurološki pregled
- Rezultati Dx / dodatna Dx,
- Drugi simptomi, pridružena oboljenja
- Stanje postojeće maligne bolesti

## Dg bolnog sindroma

- Etiologija
- Patogeneza
- Ponašanje u vremenu

## Plan lečenja

- Farmakoterapija
- Nefarmakološke metode

## Kontrola

- Efikasnost
- Podnošljivost propisane terapije

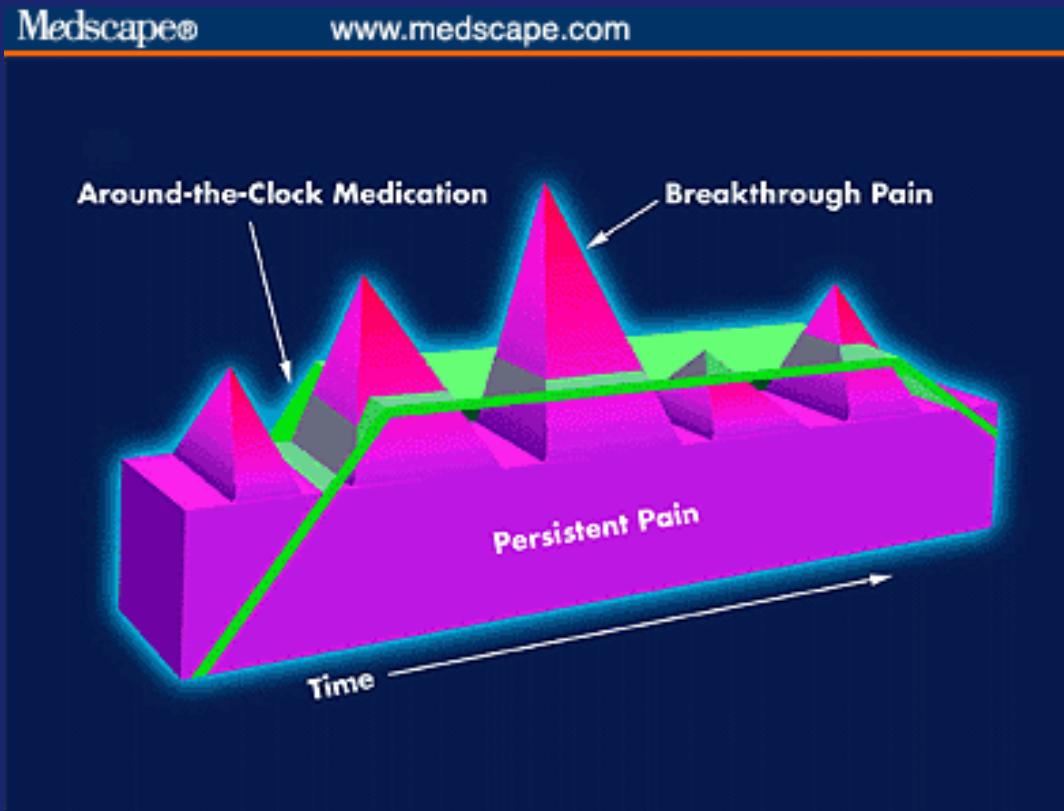
# Anamneza bola

|                                    |  |
|------------------------------------|--|
| Lokalizacija                       | Gde vas boli (jedno/više mesta) Da li je bol površinski ili u dubini ?   |
| Distribucija                       | Da li se bol širi i gde?   |
| Jačina                             | Koliko je bol jak<br>Rečima, brojem (1-10)   |
| Kvalitet - Kako vas boli?          | Tup, oštar, žarenje, paljenje, stezanje, grč, udar struje  |
| Ponašanje bola u vremenu           | Kada je bol počeo Koliko dugo imate bolove<br>Povremen, periodičan, stalni ?<br>Kako se bol ponaša tokom dana?<br>Da li je jači danju ili noću?<br>Proboji bola: da li postoje, koliko su jaki, šta ih izaziva |
| Faktori koji pojačavaju/smanjuju   | Šta izaziva/pojačava bol? Šta pomaže da se bol smanji?   |
| Uticaj bola na svakodnevni život   | Svakodnevne aktivnosti (kuća, posao, hobи)<br>San, apetit, Raspoloženje, odnosi sa porodicom / prijateljima  |
| Prisustvo drugih simptoma/problema | Mučnina, povraćanje, opstipacija, psihički, socijalni, spiritualni faktori, značenje bola za pacijenta   |
| Prethodna analgetička terapija     | Lek, doza, način primene, efikasnost, podnošljivost, RT, interventne procedure   |

# Obrazac javljanja

- Akutan
- Periodičan
- Hroničan
- Epizode probaja bola

# Proboj bola



# Proboj bola “*breakthrough pain*”

- a) ***incidentni bol***: stimulus poznat, proboj bola se može predvideti i prevenirati
- b) ***spontane epizode proboje bola***: stimulus nepoznat, proboj bola se ne može predvideti i prevenirati
- c) ***proboj bola koji se javlja pred kraj intervala doziranja leka (engl. end-of-dose failure)***
- Učestalost 23-90% bolesnika

# Jačina bola

- Određuje hitnost analgetičke intervencije, jačinu analgetika, način primene
- Procenjuje je bolesnik a ne lekar
- Skale za merenje jačine bola
- Bol kao peti vitalni znak

# Skale za merenje jačine bola

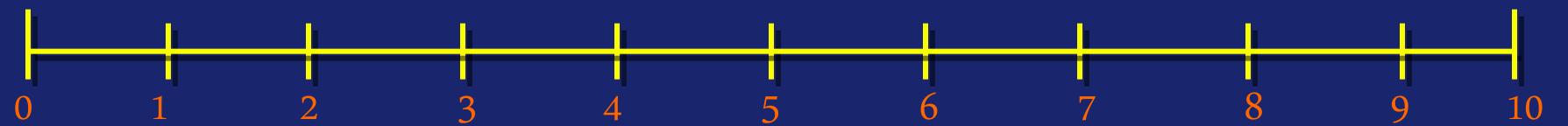
- **Visual Analogue Scale (VAS-I)**
- **Numerical Rating Scale (NRS-I)**
- **Verbal Rating Scale (VRS-I)**

# Vizuelna analogna skala



**Skor za jačinu bola se izražava u MILIMETRIMA**

# Numerička kategorijalna skala



bez  
bola

najjači mogući  
bol

- 1-4: blag
- 5-6: umereno jak
- > 7: jak

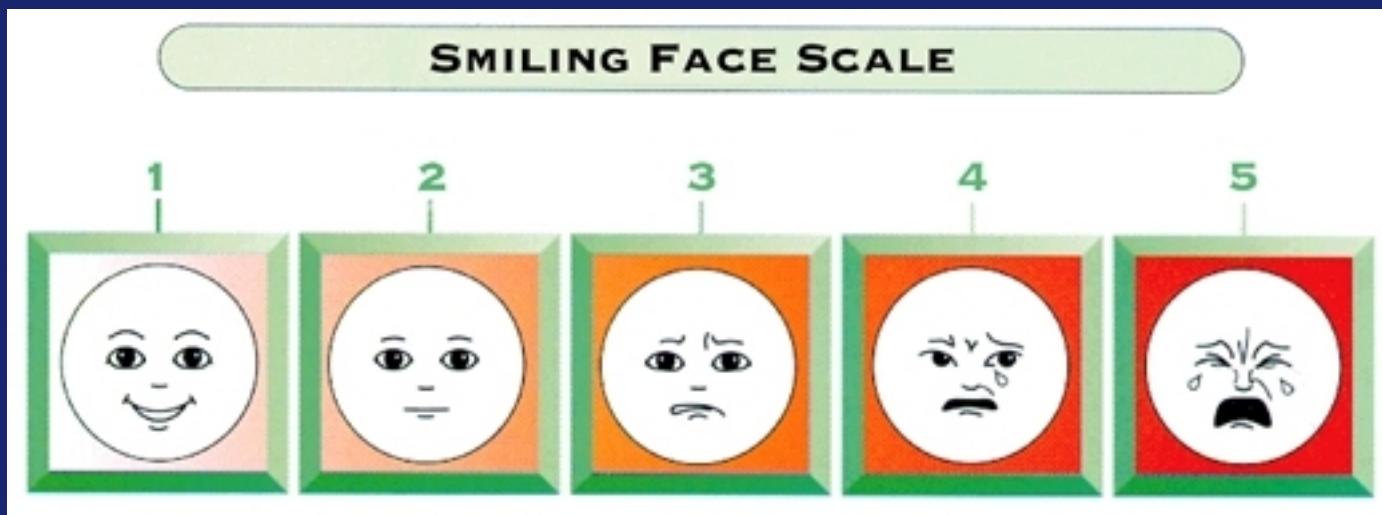
Bosnjak et al. JSCC, 2007.

**BROJ koji bolesnik odabere je skor za jačinu bola**

# Verbalna kategorijalna skala

|   | VRS - 4 - i | VRS - 5 - i            | VRS - 6 - i  |
|---|-------------|------------------------|--------------|
| 0 | Bez bola    | Bez bola               | Bez bola     |
| 1 | Blag        | Blag                   | Blag         |
| 2 | Umereno jak | Umereno jak            | Umereno jak  |
| 3 | Jak         | Jak                    | Jak          |
| 4 |             | Izrazito jak/neizdrživ | Izrazito jak |
| 5 |             |                        | Neizdrživ    |

**BROJ KOJI PRIPADA REČI  
je skor za jačinu bola**



# Jačina bola: jasne instrukcije!

**Period posmatranja:**

U ovom trenutku, sada

Prethodna 24h

Prošle nedelje

**Jačina bola**

Uobičajena, prosečna

Kada je bol najjači

Kada je bol najslabiji

U miru vs. na pokret

# The Brief Pain Inventory

|   |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
|---|--------------------------------|---|---|---|---|---|---|---|---|----|---|----|---------|--------------------------------|--|--|--|--|--|--|--|--|--|
| STUDY ID# _____   | HOSPITAL # _____               |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| DO NOT WRITE ABOVE THIS LINE  |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| <b>Brief Pain Inventory (Short Form)</b>  |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| Date: _____ / _____ / _____   | Time: _____                    |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| Name: _____<br>Last _____ First _____ Middle Initial _____  |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| 1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?  |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| 1. Yes  | 2. No                          |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| 2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.  |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
|   |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| 3. Please rate your pain by circling the one number that best describes your pain at its <b>worst</b> in the last 24 hours.   |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>No Pain</td> <td colspan="10">Pain as bad as you can imagine</td> </tr> </table> |                                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | No Pain | Pain as bad as you can imagine |  |  |  |  |  |  |  |  |  |
| 0   | 1                              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| No Pain   | Pain as bad as you can imagine |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| 4. Please rate your pain by circling the one number that best describes your pain at its <b>least</b> in the last 24 hours.   |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>No Pain</td> <td colspan="10">Pain as bad as you can imagine</td> </tr> </table> |                                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | No Pain | Pain as bad as you can imagine |  |  |  |  |  |  |  |  |  |
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| No Pain   | Pain as bad as you can imagine |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| 5. Please rate your pain by circling the one number that best describes your pain on the <b>average</b> .   |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>No Pain</td> <td colspan="10">Pain as bad as you can imagine</td> </tr> </table> |                                | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | No Pain | Pain as bad as you can imagine |  |  |  |  |  |  |  |  |  |
| 0   | 1                              | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| No Pain   | Pain as bad as you can imagine |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
| 6. Please rate your pain by circling the one number that tells how much pain you have <b>right now</b> .  |                                |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |
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| No Pain   | Pain as bad as you can imagine |   |   |   |   |   |   |   |   |    |   |    |         |                                |  |  |  |  |  |  |  |  |  |

|   |   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
|---|---|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|------|--------------------|-----------------------|--|--|--|--|--|--|--|--|--|
| 7. What treatments or medications are you receiving for your pain?  |   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| 8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.  |   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| <table border="1"> <tr> <td>0%</td> <td>10%</td> <td>20%</td> <td>30%</td> <td>40%</td> <td>50%</td> <td>60%</td> <td>70%</td> <td>80%</td> <td>90%</td> <td>100%</td> </tr> <tr> <td>No Relief</td> <td colspan="10">Complete Relief</td> </tr> </table> |   | 0%  | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80%  | 90% | 100% | No Relief          | Complete Relief       |  |  |  |  |  |  |  |  |  |
| 0%  | 10%   | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| No Relief   | Complete Relief   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| 9. Circle the one number that describes how, during the past 24 hours, pain has interfered with you:  |   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| A. General Activity   | <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>Does not Interfere</td> <td colspan="10">Completely Interferes</td> </tr> </table> | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8    | 9   | 10   | Does not Interfere | Completely Interferes |  |  |  |  |  |  |  |  |  |
| 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10   |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| Does not Interfere  | Completely Interferes   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| B. Mood   | <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>Does not Interfere</td> <td colspan="10">Completely Interferes</td> </tr> </table> | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8    | 9   | 10   | Does not Interfere | Completely Interferes |  |  |  |  |  |  |  |  |  |
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| Does not Interfere  | Completely Interferes   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| C. Walking Ability  | <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>Does not Interfere</td> <td colspan="10">Completely Interferes</td> </tr> </table> | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8    | 9   | 10   | Does not Interfere | Completely Interferes |  |  |  |  |  |  |  |  |  |
| 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10   |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| Does not Interfere  | Completely Interferes   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| D. Normal Work (Includes both work outside the home and housework)  | <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>Does not Interfere</td> <td colspan="10">Completely Interferes</td> </tr> </table> | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8    | 9   | 10   | Does not Interfere | Completely Interferes |  |  |  |  |  |  |  |  |  |
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| Does not Interfere  | Completely Interferes   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| E. Relations with other people  | <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>Does not Interfere</td> <td colspan="10">Completely Interferes</td> </tr> </table> | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8    | 9   | 10   | Does not Interfere | Completely Interferes |  |  |  |  |  |  |  |  |  |
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| Does not Interfere  | Completely Interferes   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| F. Sleep  | <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>Does not Interfere</td> <td colspan="10">Completely Interferes</td> </tr> </table> | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8    | 9   | 10   | Does not Interfere | Completely Interferes |  |  |  |  |  |  |  |  |  |
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| Does not Interfere  | Completely Interferes   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| G. Enjoyment of life  | <table border="1"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10</td> </tr> <tr> <td>Does not Interfere</td> <td colspan="10">Completely Interferes</td> </tr> </table> | 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8    | 9   | 10   | Does not Interfere | Completely Interferes |  |  |  |  |  |  |  |  |  |
| 0   | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10   |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| Does not Interfere  | Completely Interferes   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |
| <small>Copyright 1991 Charles S. Cleeland, PhD<br/>Pain Research Group<br/>All rights reserved.</small>   |   |     |     |     |     |     |     |     |     |      |     |      |                    |                       |  |  |  |  |  |  |  |  |  |

# The McGill Pain Questionnaire (MPQ)

**McGILL PAIN QUESTIONNAIRE**  
RONALD MELZACK

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

PRI: S \_\_\_\_\_ A \_\_\_\_\_ E \_\_\_\_\_ M \_\_\_\_\_ PRI(T) \_\_\_\_\_ PPI \_\_\_\_\_  
(1-10) (11-15) (16) (17-20) (1-20)

|              |              |             |                                 |                                      |                                  |
|--------------|--------------|-------------|---------------------------------|--------------------------------------|----------------------------------|
| 1 FLICKERING | 11 TIRING    | EXHAUSTING  | BRIEF<br>MOMENTARY<br>TRANSIENT | RHYTHMIC<br>PERIODIC<br>INTERMITTENT | CONTINUOUS<br>STEADY<br>CONSTANT |
| DUBBING      | 12 SICKENING | SUFFOCATING |                                 |                                      |                                  |
| PULSING      |              |             |                                 |                                      |                                  |
| THROBBING    |              |             |                                 |                                      |                                  |
| BEATING      |              |             |                                 |                                      |                                  |
| POUNDING     |              |             |                                 |                                      |                                  |
| 2 JUMPING    | 13 FEARFUL   | FRIGHTFUL   |                                 |                                      |                                  |
| FLASHING     | 14 PUNISHING | GRUELING    |                                 |                                      |                                  |
| SHOOTING     | 15 WRETCHED  | CRIFI       |                                 |                                      |                                  |
| 3 PRICKING   | 16 ANNOYING  | VIOCIOS     |                                 |                                      |                                  |
| BURNING      | 17 SPREADING | KILLING     |                                 |                                      |                                  |
| DRILLING     | 18 NIGHT     | BLINDING    |                                 |                                      |                                  |
| STABBING     | 19 COOL      | NUMB        |                                 |                                      |                                  |
| LANCINATING  | 20 NAGGING   | DRAWING     |                                 |                                      |                                  |
| 4 SHARP      |              | SQUEEZING   |                                 |                                      |                                  |
| CUTTING      |              | TEARING     |                                 |                                      |                                  |
| LACERATING   |              |             |                                 |                                      |                                  |
| 5 PINCHING   |              |             |                                 |                                      |                                  |
| PRESSING     |              |             |                                 |                                      |                                  |
| GWAWING      |              |             |                                 |                                      |                                  |
| CRAMPING     |              |             |                                 |                                      |                                  |
| CRUSHING     |              |             |                                 |                                      |                                  |
| 6 TUGGING    |              |             |                                 |                                      |                                  |
| PULLING      |              |             |                                 |                                      |                                  |
| WHENCHING    |              |             |                                 |                                      |                                  |
| 7 HOT        |              |             |                                 |                                      |                                  |
| BURNING      |              |             |                                 |                                      |                                  |
| SCALDING     |              |             |                                 |                                      |                                  |
| SEARING      |              |             |                                 |                                      |                                  |
| 8 TINGLING   |              |             |                                 |                                      |                                  |
| ITCHY        |              |             |                                 |                                      |                                  |
| SMARTING     |              |             |                                 |                                      |                                  |
| STINGING     |              |             |                                 |                                      |                                  |
| 9 DULL       |              |             |                                 |                                      |                                  |
| SORE         |              |             |                                 |                                      |                                  |
| HURTING      |              |             |                                 |                                      |                                  |
| ACHING       |              |             |                                 |                                      |                                  |
| HEAVY        |              |             |                                 |                                      |                                  |
| 10 TENDER    |              |             |                                 |                                      |                                  |
| TAUT         |              |             |                                 |                                      |                                  |
| RASPING      |              |             |                                 |                                      |                                  |
| SPLITTING    |              |             |                                 |                                      |                                  |

E = EXTERNAL  
I = INTERNAL

COMMENTS:

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# Upitnik o bolu

| OPSTI PODACI  |  | Datum _____  |                       |
|---|--|--|-----------------------|
| Ime i prezime pacijenta<br>Broj istorije bolesti<br>Ustanova<br>Datum<br>Performans status (ECOG) |  |  |                       |
| LOKALIZACIJA PRIMARNOG TUMORA   |  |  |                       |
| 1. dojka<br>2. pluša<br>3. kolorektum<br>4. grčić i telo materice<br>5. jajnik                    | 6. prostate<br>7. žlučevac<br>8. urinarni sistem<br>9. larniks | 10. uena šupljina i farinks<br>11. leukeemija<br>12. limfon<br>13. ostalo  |                       |
| PROSIRENOV BOLESTI  |  |  |                       |
| 0. nema   | 1. lokalni recidiv   | 2. lokalno odmakna bolest  | 3. metastatska bolest |
| TRENUTNA ANTINEOPLASTIČNA TERAPIJA  |  |  |                       |
| VRSATA TERAPIJE   | PRISUSTVO TERAPIJE   | PODACI O TERAPIJI  |                       |
| Hemoterapija<br>Radioterapija<br>Hormonska terapija<br>Ostalo                                     | ne<br>ne<br>ne<br>ne   | da<br>da<br>da<br>da   |                       |
| PRIRODA-UZROK BOLA  |  |  |                       |
| • izazvan tumorom   | • izazvan lečenjem   | • bol nevezan za TU/TH   |                       |
| MEHANIZAM BOLA  |  |  |                       |
| 1. nociceptivni   | 2. neuropatski   | 3. mešoviti (1+2)  | 4. nepoznat           |
| REGIJA U KOJOJ JE PRISUTAN BOL.   |  |  |                       |
|   |  | Zaokružite sve regije u kojima je prisutan bol:<br>0. glava<br>1. vrat<br>2. ramena / ruke<br>3. grudni koš / ledra<br>4. stomak<br>5. lumbalna regija<br>6. noge<br>7. karlica / prepone<br>8. genitalije / perianalni predeo<br>9. dve i više regija |                       |

| PRETHODNA ANALGETSKA TERAPIJA  |                                      | Datum _____   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|--|--------------------------------------|---|----------------|-------------|----------------|-----|------------------|---|---|---|---|--------------------|---|---|---|---|----------------|---|---|---|---|--------------|---|---|---|---|------------------------|---|---|---|---|------------------|---|---|---|---|---------------|---|---|---|---|-------------------|---|---|---|---|-------------------------|---|---|---|---|-------------------------|---|---|---|---|--|--|--|
| Lek  | Doza                                 | Put*  | Šema (Ch; PRN) | Dnevna doza |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Laksativi <input type="checkbox"/>   | Antiemetici <input type="checkbox"/> | *po; iv; im; ld; r; sc  |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| PROCENA BOLA (zaokružiti odgovor)  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Numerička skala  |                                      | Opisna skala  |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Ako je 0-stanje bez bola a 10-stanje najjačeg bola koji ste ikada doživeli, zaokružite na skali od 0 do 10 onaj broj koji najbolje opisuje jačinu Vašeg bola.  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| 1. Jačina Vašeg najjačeg bola u toku prošle nedelje je:  |                                      | 0. bez bola<br>1. blag<br>2. srednje jačine<br>3. jak                                   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Bez bola → 0 1 2 3 4 5 6 7 8 9 10 ← Najjači bol  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| 2. Jačina Vašeg najslabijeg bola u toku prošle nedelje je:   |                                      | 0. bez bola<br>1. blag<br>2. srednje jačine<br>3. jak                                   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Bez bola → 0 1 2 3 4 5 6 7 8 9 10 ← Najjači bol  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| 3. Prosječna jačina Vašeg bola u toku prošle nedelje je:   |                                      | 0. bez bola<br>1. blag<br>2. srednje jačine<br>3. jak                                   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Bez bola → 0 1 2 3 4 5 6 7 8 9 10 ← Najjači bol  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| 4. Koliko Vam je otklonjeno u toku prošle nedelje ako je:<br>0% - Nimalo otklonjen bol<br>100% - Potpuno otklonjen bol   |                                      | 0. bol nije otklonjen<br>1. malo<br>2. prilično<br>3. mnogo<br>4. bol potpuno otklonjen |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Vaša procena (upisati vrednost): _____ %   |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| NEŽELJENI EFEKTI (zaokružiti odgovor)  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>bez</th> <th>blag</th> <th>srednje jačine</th> <th>jak</th> </tr> </thead> <tbody> <tr> <td>• mučništa .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• overzranje .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• zatvor .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• svab .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• osamrucićenost .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• znojenje .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• zamor .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• pospanost .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• drugo (upisati) .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>• drugo (upisati) .....</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> |                                      |   | bez            | blag        | srednje jačine | jak | • mučništa ..... | 0 | 1 | 2 | 3 | • overzranje ..... | 0 | 1 | 2 | 3 | • zatvor ..... | 0 | 1 | 2 | 3 | • svab ..... | 0 | 1 | 2 | 3 | • osamrucićenost ..... | 0 | 1 | 2 | 3 | • znojenje ..... | 0 | 1 | 2 | 3 | • zamor ..... | 0 | 1 | 2 | 3 | • pospanost ..... | 0 | 1 | 2 | 3 | • drugo (upisati) ..... | 0 | 1 | 2 | 3 | • drugo (upisati) ..... | 0 | 1 | 2 | 3 |  |  |  |
|  | bez                                  | blag  | srednje jačine | jak         |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • mučništa .....   | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • overzranje .....   | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • zatvor .....   | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • svab .....   | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • osamrucićenost .....   | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • znojenje .....   | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • zamor .....  | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • pospanost .....  | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • drugo (upisati) .....  | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| • drugo (upisati) .....  | 0                                    | 1   | 2              | 3           |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| SADAŠNJA ANALGETSKA TERAPIJA   |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Lek  | Doza                                 | Put*  | Šema (Ch; PRN) | Dnevna doza |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
|  |                                      |   |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |
| Laksativi <input type="checkbox"/>   | Antiemetici <input type="checkbox"/> | *po; iv; im; ld; r; sc  |                |             |                |     |                  |   |   |   |   |                    |   |   |   |   |                |   |   |   |   |              |   |   |   |   |                        |   |   |   |   |                  |   |   |   |   |               |   |   |   |   |                   |   |   |   |   |                         |   |   |   |   |                         |   |   |   |   |  |  |  |

# Upitnik o bolu: neuropatski bol

**painDETECT**

## УПИТНИК О БОЛУ

Датум: \_\_\_\_\_ Пацијент: Презиме: \_\_\_\_\_ Име: \_\_\_\_\_

Којом оценом бисте оценили свој бол сада, у свом тренутку?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Нема бола  
Највећи бол

Колико је био највећи бол који сте осетили током протекле 4 недеље?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Нема бола  
Највећи бол

Колико је просечно био јак Ваш бол током протекле 4 недеље?

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Нема бола  
Највећи бол

**Означите квадратним појединачним знаком тукају која најбоље описује ток Вашег бола:**

- Упоран бол са благим колебањима
- Упоран бол са нападима снажног бола
- Напади снажног бола без присуства бола између напада
- Чести напади снажног бола уз присуство бола између напада

Молимо означите главну област тела у којој осећате бол

Да ли се бол ошири у друге области Вашег тела?  Да  Не  
Ако је одговор потврђен, молимо означите стрелцима правцем у којем се бол шири.

Да ли имате осећај печене (налик жарњку/коприре) у означеној области?

|        |   |                                |                                  |                                 |                                |                                 |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|
| нимало | <input type="checkbox"/> једва приметно | <input type="checkbox"/> благо | <input type="checkbox"/> умерено | <input type="checkbox"/> снажно | <input type="checkbox"/> веома | <input type="checkbox"/> снажно |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|

Да ли имате осећај трњевина или боцања у области у којој осећате бол (налик жармичима или струјању)?

|        |   |                                |                                  |                                 |                                |                                 |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|
| нимало | <input type="checkbox"/> једва приметно | <input type="checkbox"/> благо | <input type="checkbox"/> умерено | <input type="checkbox"/> снажно | <input type="checkbox"/> веома | <input type="checkbox"/> снажно |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|

Да ли је благи додир (нпр. одећа, хебета) на ову област болан?

|        |   |                                |                                  |                                 |                                |                                 |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|
| нимало | <input type="checkbox"/> једва приметно | <input type="checkbox"/> благо | <input type="checkbox"/> умерено | <input type="checkbox"/> снажно | <input type="checkbox"/> веома | <input type="checkbox"/> снажно |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|

Да ли имате изненадне нападе снажног бола у области у којој осећате бол, налик електричним ударима?

|        |   |                                |                                  |                                 |                                |                                 |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|
| нимало | <input type="checkbox"/> једва приметно | <input type="checkbox"/> благо | <input type="checkbox"/> умерено | <input type="checkbox"/> снажно | <input type="checkbox"/> веома | <input type="checkbox"/> снажно |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|

Да ли хладноћа или топлота (нпр. топла вода при купању) на овој области повремено стварају бол?

|        |   |                                |                                  |                                 |                                |                                 |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|
| нимало | <input type="checkbox"/> једва приметно | <input type="checkbox"/> благо | <input type="checkbox"/> умерено | <input type="checkbox"/> снажно | <input type="checkbox"/> веома | <input type="checkbox"/> снажно |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|

Да ли имате осећај обамрости у области коју сте означили?

|        |   |                                |                                  |                                 |                                |                                 |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|
| нимало | <input type="checkbox"/> једва приметно | <input type="checkbox"/> благо | <input type="checkbox"/> умерено | <input type="checkbox"/> снажно | <input type="checkbox"/> веома | <input type="checkbox"/> снажно |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|

Да ли благи притисак на област коју сте означили, нпр. притисак прстом, изазива бол?

|        |   |                                |                                  |                                 |                                |                                 |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|
| нимало | <input type="checkbox"/> једва приметно | <input type="checkbox"/> благо | <input type="checkbox"/> умерено | <input type="checkbox"/> снажно | <input type="checkbox"/> веома | <input type="checkbox"/> снажно |
|--------|---|--------------------------------|----------------------------------|---------------------------------|--------------------------------|---------------------------------|

Укупни збир:

R. Freymagern, R. Baron, U. Geissel, T.R. Tolle, CurrMed ResOpen Vol 22, 2006, 1911-1920 © 2005 Pfizer Pharma GmbH, Pfizerstr. 1, 76139 Karlsruhe, Germany  
PD-Q - Serbia/Serbian - Final version - 30 Nov 07 - Magi Research Institute  
Finalizačna verzija PD-Q za Srbiju i Srbiju - Magi Research Institute - 30. novembar 2007.

**painDETECT**

## Оцена упитника о болу

Датум: \_\_\_\_\_ Пацијент: Презиме: \_\_\_\_\_ Име: \_\_\_\_\_

Молимо упишите испод укупни збир из упитника о болу:

Укупни збир

Молимо да овом збиром додате бројеве назначене у наставку, у зависности од описаног начина испољавања и ширења бола. Потом израчунајте коначни збир:

|  |   |                             |
|--|---|-----------------------------|
|  | Упоран бол са благим колебањима                           | <input type="checkbox"/> 0  |
|  | Упоран бол са нападима снажног бола                       | <input type="checkbox"/> -1 |
|  | Напади снажног бола без присуства бола између напада      | <input type="checkbox"/> +1 |
|  | Чести напади снажног бола уз присуство бола између напада | <input type="checkbox"/> +1 |
|  | Бол се шири?  | <input type="checkbox"/> +2 |

Коначни збир

**Резултат процене**  
присуства неуропатске компоненте бола

|           |         |           |
|-----------|---------|-----------|
| негативан | нејасан | позитиван |
|-----------|---------|-----------|

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38

Мала вероватноћа присуства неуропатске компоненте бола (< 15 %)

Резултат је нејасан, међутим, неуропатска компонента бола може бити присуствана

Велика вероватноћа присуства неуропатске компоненте бола (> 90 %)

Овај упитник не представља замену за медицинску дијагностику. Он се користи за процену присуства неуропатске компоненте бола.

DFNS

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R. Freymagern, R. Baron, U. Geissel, T.R. Tolle, CurrMed ResOpen Vol 22, 2006, 1911-1920 © 2005 Pfizer Pharma GmbH, Pfizerstr. 1, 76139 Karlsruhe, Germany  
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# **Evaluation (Assessment) Explanation Management Monitoring (Reassessment) Attention to detail**

# Zaključak

- **Lečenje bola započinje pravilnom kliničkom procenom**
- **Najpouzdaniji podaci dobijaju se od bolesnika lično: pitati, verovati, pomoći**
- **Etiologija, patogeneza, obrazac u vremenu, jačina, uticaj na QoL, značenje**
- **Bolni sindrom**

# **HEMP**

HIGHER EDUCATION PAIN MEDICINE PROJECT

Strengthening Capacities for Higher Education of Pain Medicine in  
Western Balkan countries – HEPMP

