

CLINICAL QUICK REFERENCE GUIDE

Quick Reference Guide: Severe Menstrual Pain

Endometriosis South Coast - Clinician Support
Toolkit

Prepared By : Dr Jodie Hughes

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When to suspect secondary dysmenorrhoea

- Severe pain impacting daily function (e.g. fainting, vomiting, unable to attend school/work)
- Pain beginning from menarche or early after periods start
- Heavy menstrual bleeding (flooding, clots, >7 days)
- Cyclical bladder or bowel symptoms
- Pain not improving after 3–6 months of appropriate first-line management
- High emotional distress or anxiety related to pain
- Family history of endometriosis or menstrual disorders



Consultation checklist

It Validate the pain

“This pain sounds significant. I believe you.”

Assess functional impact

- Ask about school/work absence, PE/activity avoidance, sleep disruption, and social withdrawal.

Provide a clear management plan

- Pain relief plan, symptom tracking, self-management strategies, and options for hormonal/non-hormonal treatments with explanation and consent.

Arrange follow-up

- Schedule review in around 3 months to reassess pain, function, and next steps.



Trauma-informed communication

Suggested phrases:

- “This pain sounds serious and I believe you.”
- “Thank you for telling me about this — you’ve done the right thing coming today.”
- “Let’s make a plan together so you’re not managing this alone.”
- “If things don’t improve, we will look at the next steps — you won’t be left stuck.”

Phrases to avoid:

- “Everyone gets this.”
- “It’s just part of being a woman.”
- “You’ll be fine once you have children.”

Escalation & referral triggers

Consider referral (e.g. paediatrics/gynaecology) and/or multidisciplinary input if:

- Pain is severe and function-limiting
- There is school/work absence
- There are red-flag symptoms (syncope, persistent vomiting, very heavy bleeding, severe cyclical bowel/bladder involvement)
- There is diagnostic uncertainty
- There is psychological distress, self-harm risk, or impact on well-being



Menstrual pain assessment form

AGE _____

AGE AT 1ST MENARCHE: _____

CYCLE LENGTH _____

PAIN SCORE TODAY _____

ONSET OF PAIN: FROM 1ST PERIOD DEVELOPED LATER

TIMING JUST BEFORE PERIODS DURING PERIODS
THROUGHOUT CYCLE

ASSOCIATED SYMPTOMS

- NAUSEA
- VOMITING
- HEAVY BLEEDING/FLOODING/CLOTS
- FAINTING/DIZZINESS
- PAIN WITH BOWEL MOVEMENTS
- PAIN WITH URINATION
- BACK OR LEG PAIN
- FATIGUE

FUNCTIONAL IMPACT

MISSED SCHOOL/WORK DUE TO PERIOD PAIN: YES NO
IF YES HOW OFTEN _____

AVOIDS PE/SPORT/PHYSICAL ACTIVITY BECAUSE OF PAIN: YES
NO

IMPACT ON SLEEP

- WAKES DUE TO PAIN
- DIFFICULTY FALLING ASLEEP
- NO MAJOR IMPACT



Menstrual pain assesment form

IMPACT ON SOCIAL LIFE/DAILY ACTIVITIES

MINIMAL

MODERATE

SEVERE

PSYCHOSOCIAL

LEVEL OF DISTRESS ABOUT PAIN

MINIMAL

MODERATE

SEVERE

PREVIOUS EXPERIENCE OF NOT BEING BELIEVED OR DISMISSED
IN HEALTHCARE? YES NO

DETAILS

SUPPORT NETWORK

GOOD

LIMITED

NONE



Menstrual pain assesment form

AGREED MANAGEMENT TODAY (MEDICATION, LIFESTYLE,
SUPPORT, REFERRAL)

SAFETY NETTING/ ADVICE GIVEN

FOLLOW UP

REVIEW IN ___ WEEKS/MONTHS

REFERRAL

PAEDIATRICS

GYNAECOLOGY

PAIN SERVICE

MENTAL HEALTH SUPPORT

LOCAL SUPPORT GROUP

OTHER _____



We're here to support you



www.endometriosisouthcoast.com



admin@endometriosisouthcoast.com



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