HOSPITAL

# EPIDURAL/P IENT CONTROLLED ANALGESIA FREQUENT MONITORING FLOW SHEET

Bar Coded Patient Label

EPIDURAL ☐ PCA: ☐ DRUG _____

CONTROL # _____ PUMP # _____

☐ Patient ☐ Family verbalize understanding of:
☐ purpose of opioid / LA ☐ mgmt of drug side effects ☐ self dosing ☐ methods to prevent uncontrolled pain
☐ use of PIB ☐ reporting uncontrolled pain ☐ caregiver PCA

| | PUMP PROGRAM DATA | | | | | | | | PT. ASSESSMENT | | | | | DERMATOME | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE/TIME | RES. VOL | GIVEN VOL | PCA DOSE | DELAY | BASAL RATE | 1 HR. LIMIT | BOLUS | #INJ : #ATT | PIR | PATIENTS COMFORT GOAL | RESP. RATE | LOS 1:6 | SIDE EFFECTS | P R / L | D R / L | COMMENTS | INITIAL | CO-VERIFICATION |
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RECORD OF WASTE UPON DISCONTINUATION OF THERAPY
(Note: Pump to soiled utility and HELP notified)

| DATE/TIME | DRUG | AMT | NURSE SIGNATURE | WITNESS |
|---|---|---|---|---|
| | | | | |

SYSTEM MONITORING (SITE, TUBING, PUMP, SOLUTION)

| DATE/TIME | SHIFT | INIT. | DATE/TIME | SHIFT | INIT. |
|---|---|---|---|---|---|
| | 7 - 3P | | | 7 - 3P | |
| | 3 - 11P | | | 3 - 11P | |
| | 11 - 7A | | | 11 - 7A | |

ASSESSMENT CODE

PAIN INTENSITY RATING- ASK PATIENT TO RATE PAIN ON A SCALE OF 0 - 10 & DETERMINE PATIENT COMFORT GOALS

NO PAIN — WORST PAIN IMAGINABLE

0 1 2 3 4 5 6 7 8 9 10

LOS - LEVEL OF SEDATION
1. ALERT, EASY TO AROUSE
2. OCCASIONALLY DROWSY, EASY TO AROUSE
3. FREQUENTLY DROWSY, EASY TO AROUSE
4. SLEEP, EASY TO AROUSE
5. SEDATED, DIFFICULT TO AROUSE
6. SOMNOLENT, UNAROUSABLE

SIDE EFFECTS - N - NAUSEA
V - VOMITING
I - ITCHING
R - URINARY RETENTION

DERMATOME (epidural only)
P - PROXIMAL LEVEL
D - DISTAL LEVEL
Determine R/L each assessment

| Initials | Signature | Discipline | Clock/PAS# |
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| Initials | Signature | Discipline | Clock/PAS# |
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