UNIVERSITY OF MEDICAL CENTER
PAIN MANAGEMENT FLOW SHEET

Patient's/ Family's Acceptable Pain Score _____

Patient Name: _____

Medical Record No.: _____

Pain Assessment Tool (check one): ☐ Verbal Numerical Rating Scale ☐ Visual Analogue Scale ☐ Faces Scale
☐ CHEOPS ☐ Other _____

Date	Time	Pain Score Rest	Pain Score Mvt	RR	Sed. Score	Side Effects	Can Raise Heels	Drug	Concentration/ Dose	Route	Pump Settings Del	Pump Settings Dem	Pump Settings Vol Infused	VTBI	Del Rate	Loading Dose Given	PCA Dose	Lock Out	1 Hr. Limit	Initials	Comments