

HOSPITAL EPIDURAL / INTRATHECAL ANALGESIA PROGRESS NOTES

Department of Anesthesiology
Acute Pain Service

Pager Number: 1910 / Kaiser: 301-206-0927

Date: _____ Surgeon: _____ Room: _____

Operation: _____

Allergies: NKDA _____

Contraindication to NSAIDs: Y/N _____

Comments: _____

CATHETER INFO:

Time Inserted: _____ AM / PM By: _____

Level: Thoracic _____ - _____ or Lumbar _____ - _____

Intra-OP Anesthesia: General Anesthesia w/Regional for Post-OP Analgesia

Regional only

Catheter Discontinued Intact, Site Clear

DATE	TIME	CONTINUOUS		PCEA		# PCA DOSES	SIDE EFFECTS	LEVEL OF CONSC	PAIN ASSESS OR PAIN SCORE 1-10	CATH SITE	PO STATUS	MOTOR BLK	PLAN/COMMENTS INTERVENTIONS	M.D.'S SIGNATURE
		SOLUTION AND DRUG CONCENTRATION	RATE CC/HR	VOL CCs	LOCK OUT (mins)									
/														
/														
/														
/														
/														
/														
/														
/														
/														

BOLUS		DOSING/MONITORING RECORD						MD SIGNATURE
AM/PM	DRUG/DOSE	PRE-BOLUS VS	BP - HR - RR - EVERY 5 MIN. x 4 — THEN NOTIFY RN TO COMPLETE PROTOCOL				RN NOTIFIED:	
		TIME:	TIME:	TIME:	TIME:	TIME:	<input type="checkbox"/> YES	
AM/PM	DRUG/DOSE	PRE-BOLUS VS	BP - HR - RR - EVERY 5 MIN. x 4 — THEN NOTIFY RN TO COMPLETE PROTOCOL				RN NOTIFIED:	
		TIME:	TIME:	TIME:	TIME:	TIME:	<input type="checkbox"/> YES	

Key: Pain Assessment: or **Pain Score:**
 C = Comfortable O = No Pain
 AT = Aware of pain but tolerable
 PI = Pain Intolerable 10 = Worst Pain Ever

Level of Consciousness:
 A = Alert
 D = Drowsy but arousable
 S = Somnolent

Side Effects: N = Nausea VOM = Vomiting
 U = Urinary Retention I = Itching

Motor Block: 0 = None 2 = Moderate
 1 = Minimal 3 = Severe