

HOSPITAL \_\_\_\_\_

## PATIENT CONTROLLED ANALGESIA NURSING FLOW SHEET

ADDRESSOGRAPH \_\_\_\_\_

DATE: \_\_\_\_\_

ROUTE OF ADMINISTRATION: \_\_\_\_\_

NAME OF DRUG: \_\_\_\_\_

CONCENTRATION: \_\_\_\_\_

TOTAL VOLUME: \_\_\_\_\_

RN/MD PROGRAMMING: \_\_\_\_\_

CHECKED BY RN/LPN/MD \_\_\_\_\_

FLOW SHEET NUMBER: \_\_\_\_\_







LOCK LEVEL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ADULT		PEDIATRIC	
PAIN CODE RATING	LOC. CODE (MODIFIED RAMSEY)	PAIN CODE RATING	LOC. CODE (McMELLAN)
A0 - No Pain	A1 - Anxious, Agitated, Restless	P0 - No Pain	P0 - Fully Alert
A1		P1 - Hurts A Little	P1 - Relaxed, Awake
A2	A2 - Cooperative, Tranquil, Oriented	P2 - Hurts A Little More	P2 - Drowsy, Dozing
A3		P3 - Hurts Even More	P3 - Arousable Sleep
A4	A3 - Responds to verbal command only	P4 - Hurts Whole Lot	P4 - Unarousable
A5 - Mod Pain		P5 - Hurts As Much As Poss.	
A6	A4 - Asleep with brisk response to stimuli		
A7			
A8	A5 - Asleep with sluggish response to stimuli		
A9			
A10 - Worst Poss. Pain	A6 - Asleep with no response to stimulation		

**PEDIATRIC PAIN SCALE**

					
P0	P1	P2	P3	P4	P5
No Pain		Mod. Pain		Worst Pain	

DATE	TIME	RESIDUAL VOLUME	mg/hr RATE	PCA DOSE mg	DOSE MIN. LOCK OUT	PCA DOSE GIVEN	TOTAL mg GIVEN	RESP. RATE & BLOOD PRESSURE	PAIN RATING	LOC CODE	COMMENTS	SIGNATURE

Amount Wasted: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
RN

\_\_\_\_\_  
RN/LPN