

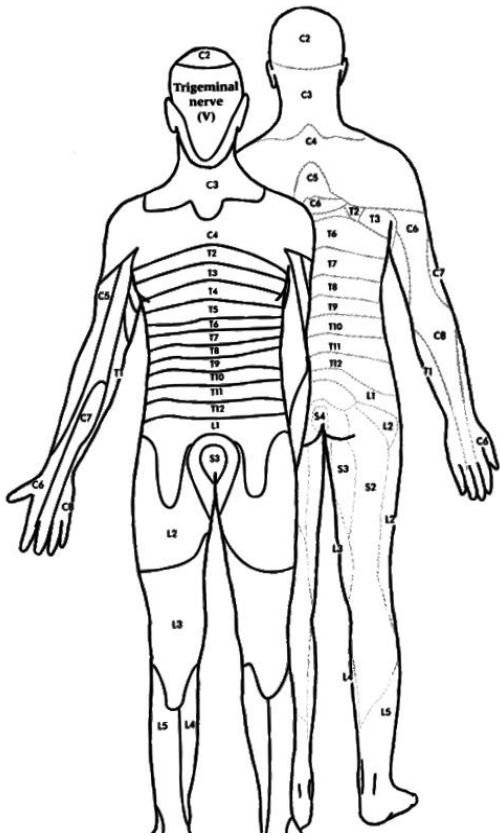
<b>Route (check all that apply)</b> <input type="checkbox"/> Epidural <input type="checkbox"/> Nerve Block <input type="checkbox"/> IV PCA	<b>Dermatome Level (DL)</b> (Left Side/Right Side) Epidural Only See back for reference Neck C3 Clavicles C5 Nipples T4 Xiphoid T6 <b>Navel T10</b> Groin L1 Knee L4		<b>Pain Scale</b> <input type="checkbox"/> 0-10 <input type="checkbox"/> Wong-Baker Faces <input type="checkbox"/> Behavioral Pain Rating <input type="checkbox"/> Other – Document in 3899/EHR  <b>Notify C2 for unrelieved pain.</b>			<b>Sedation Level - MAAS</b> 0- Unresponsive 1- Responsive to noxious stimuli 2- Responsive to touch/ name 3- Calm & Cooperative 4- Restless & Cooperative 5- Agitated 6- Dangerously agitated /uncooperative				<b>Adverse Reactions</b> <b>OS-</b> Oversedation <b>NV-</b> Nausea, V omiting <b>UR- Urinary</b> Retention <b>U-</b> Urticaria <b>BM-</b> Bowel Movement <b>MT-</b> Metallic taste <b>SOB</b> <b>DS-</b> Difficulty swallowing <b>ADSE-</b> Adverse side effect not listed <b>Ø- none</b> <b>Document Changes on 3899/EHR</b>				<b>MF: Motor Function</b> + Normal Strength - Significant Decreased Strength–  Required for Epidurals & Nerve Blocks		
	<b>IV PCA/Epidural/CPNB q 2 hour assessments</b>	<b>SF: Sensory Function</b> + Present - Significantly Decreased  Required for Epidurals & Nerve Blocks														

Date	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
RR																
Pulse																
BP																
02 Sat																
02/LPM																
MAAS																
DL-Epidural																
MF	Epidural PNB															
SF																
Temperature																
Pain Score																
Adverse Reactions																
Tubing Connection																
Dsg ✓	Q 4 HRS Pump checked in locked position															
Pumped Locked																
Basal Rate ml/hr setting																
Bolus (ml) setting																
Lock Out (min)																
Cumulative Dose/VTBI																
FN initials																
Name:		Cite #	Status	Service	DOD ID #	Allergies										

**Patient Movement Pain Adjunct Flow Sheet**

**ORDER VERIFICATION**

Circle: IV PCA PNB Epidural			Medication Ripivacaine 0.2% Morphine 1mg/ml Hydromorphone 0.2% Other Drug/concentration Example Ripivacaine/ 0.2&	Program Number	Basal Rate ml/hr	Bolus (ml)	Lock out time	Volume to be infused (VTBI)	2 RN Initials Ex. SS/RD
DATE/Time	Orders Verified	Breakthrough Pain Ordered verified							
	Yes No	Yes No		#	ml/hr	ml			
	Yes No	Yes No		#	ml/hr	ml			
	Yes No	Yes No		#	ml/hr	ml			
	Yes No	Yes No		#	ml/hr	ml			



**Circle: IV PCA PNB Epidural**

	Yes No	Yes No		#	ml/hr	ml			
	Yes No	Yes No		#	ml/hr	ml			
	Yes No	Yes No		#	ml/hr	ml			
	Yes No	Yes No		#	ml/hr	ml			

**Circle: IV PCA PNB Epidural**

**PUMP VERIFICATION**

Date/Time	Pump Locked	Total amount infused	# Bolus Delivered	# Bolus Requested	Elapsed Time	MED Tubing labeled	Bag Labeled Drug/Location/Date/Time	Fluid remaining in bag	Insertion site WNL	Wastage	2 RN Initials Ex. SS/RD
	Yes No					Yes No	Yes No				
	Yes No					Yes No	Yes No				
	Yes No					Yes No	Yes No				
	Yes No					Yes No	Yes No				

**Circle: IV PCA PNB Epidural**

	Yes No					Yes No	Yes No				
	Yes No					Yes No	Yes No				
	Yes No					Yes No	Yes No				
	Yes No					Yes No	Yes No				

Name:	Cite #	Status	Service	DOD ID #	Allergies
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