

Date _____ Room #: _____ Referring MD _____

(Please print legibly)

APS Attending _____ Surgical diagnosis _____
APS Resident / Fellow _____ Surgical procedure _____
APS Nurse _____ POD# _____ Catheter Day # _____

Focused History:

- Pain Score _____ / 10 (rest) _____ / 10 (activity) (VAS / Faces / FLACC – check scale used)
- Pain Location _____ Quality _____
- Epidural: Lumbar _____ Thoracic _____
- APS Rx:
 - ropivacaine 0.2% with fentanyl 3 mcg/mL epidural at _____ mL/hr _____ mL PCEA _____ interval max mL/hr
 - ropivacaine 0.3% with fentanyl _____ mcg/mL epidural at _____ mL/hr _____ mL PCEA _____ interval max mL/hr
 - ropivacaine _____ % with fentanyl _____ mcg/mL at _____ mL/hr _____ mL PCEA _____ interval max mL/hr
 - ropivacaine 0.2% at _____ mL/hr _____ mL PCEA _____ interval max mL/hr
 - bupivacaine 0.0625% with hydromorphone 10 mcg/mL at _____ mL/hr _____ mL PCEA _____ interval max mL/hr
 - Other _____

Examination:

- Catheter Dressing: Clean, dry, and intact Loose dressing Fluid leak Reinforced Redressed
- Catheter Site: Non-tender No erythema or exudates Tender Erythema Bruised Serous fluid Dried blood
- VS: BP _____ HR _____ RR (range) _____ Tmax _____ SpO₂ _____ % O₂ _____ L / m / _____ %
- Side Effects: Pruritis Nausea Sedation Foley: Yes No NG Tube: Yes No
- Pruritis / Nausea Scale (0 = none; 1 = no Rx required; 2 = treatment required; 3 = more than one type required)
- Sedation: Riker Scale 4 = calm / cooperative; 3 = sedated; 2 = very sedated; unarousable
- Sensory/Motor Exam: bilateral extremities lower upper R L
- Sensory Status:** 0 = within normal for patient 1 = decreased sensation to touch 2 = paresthesias 3 = absent
- Motor Function:** 0 = within normal for patient 1 = mild weakness 2 = severe weakness 3 = no movement

Assessment: _____

Plan:

- Continue current therapy
- Change analgesics as follows _____
- Discontinue therapy / further analgesia per Primary Service
- Catheter removed, tip intact

Resident / Fellow _____ MD# _____ Date / Time _____
Nurse _____ Date / Time _____

- I evaluated the patient and reviewed the resident's note and agree with the above.
- I evaluated the patient and agree with the above with the following revisions.

Attending _____ MD# _____ Date / Time _____

Diagnosis (Check only one)		Coding Information	Service (Check all that apply)
Pain	ICD 9 CM		
<input type="checkbox"/> Acute pain due to trauma	338.11	<input type="checkbox"/> Daily Management of Epidural Catheter	01996
<input type="checkbox"/> Acute post-thoracotomy pain	338.12	Modifier	
<input type="checkbox"/> Acute post-operative pain	338.18	<input type="checkbox"/> Resident / Fellow participates in care	+GC
<input type="checkbox"/> Other acute pain	338.19	<input type="checkbox"/> Care follows surgery	+24



PN0001

Patient Name: _____ Patient Identification #: _____
Name _____
MR# _____

Epidural Management
Acute Pain Service
Progress Notes

PS67796
Rev. 12/12/07

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