

Date \_\_\_\_\_ Room # \_\_\_\_\_ Referring MD \_\_\_\_\_  
 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 \_\_\_\_\_
- Catheter Type – Paravertebral:  Bilateral  Right  Left  
 Cervical (CCPV)  Lumbar (CLPV)  Thoracic (CTPV)  Sacral (CSPV)  Other: \_\_\_\_\_
- APS medications:  
 ropivacaine  0.15%  0.2%  0.3%  \_\_\_\_\_  
 bupivacaine  0.0625%  0.25%  \_\_\_\_\_  
 basal \_\_\_\_\_ mL per hour Bolus \_\_\_\_\_ mL \_\_\_\_\_ interval \_\_\_\_\_ Boluses/hr \_\_\_\_\_  
 Oral: \_\_\_\_\_ IV:  PCA \_\_\_\_\_  Single dose \_\_\_\_\_  
 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 \_\_\_\_\_ SpO<sub>2</sub> \_\_\_\_\_ % O<sub>2</sub> \_\_\_\_\_ L / m / \_\_\_\_\_ %  
 Side Effects:  None  Peri-oral numbness  Tinnitus  Metallic taste  Other: \_\_\_\_\_  
 Sedation: Riker Scale  4 = calm / cooperative  3 = sedated  2 = very sedated  1 = unarousable  
 Sensory / Motor Exam:  Bilateral extremities  Lower  Upper  Right  Left  
 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  
 Anticoagulants:  heparin \_\_\_\_\_ units \_\_\_\_\_  enoxaparin \_\_\_\_\_ mg \_\_\_\_\_  
 Other: \_\_\_\_\_

**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"/> Perineural Catheter Global	
<input type="checkbox"/> Acute post thoracotomy pain	338.12	Hospital Visit	
<input type="checkbox"/> Acute post operative pain	338.18	<input type="checkbox"/> Subsequent hospital care – Low complexity	99231
<input type="checkbox"/> Other acute pain	338.19	<input type="checkbox"/> Subsequent hospital care – Mod complexity	99232
		Modifiers	
		<input type="checkbox"/> Resident / Fellow participates in care.	+GC
		<input type="checkbox"/> Care follows surgery (Postoperative)	+24



PN0001

Patient Name: \_\_\_\_\_ Patient Identification #: \_\_\_\_\_