

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: Bilateral Right Left
 - Interscalene Infraclavicular Axillary Femoral Sciatic Popliteal Wound Stump
 - Other: _____
- APS Rx:
 - 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 _____ SpO₂ _____% O₂ _____ 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

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"/> Perineural Catheter Global
<input type="checkbox"/> Acute pain due to trauma	338.11	Hospital Visit
<input type="checkbox"/> Acute post thoracotomy pain	338.12	<input type="checkbox"/> Subsequent hospital care – Low complexity 99231
<input type="checkbox"/> Acute post operative pain	338.18	<input type="checkbox"/> Subsequent hospital care – Mod complexity 99232
<input type="checkbox"/> Other acute pain	338.19	Modifiers
		<input type="checkbox"/> Resident / Fellow participates in care. +GC
		<input type="checkbox"/> Care follows surgery (Postoperative) +24

Patient Name: _____ Patient Identification #: _____



PN0001