



Pain Management Flow Sheet

Billie, Rubin
DOB 01/02/1955

Site: _____

- Nerve Block Catheter Infusion
- Single Dose Spinal OR Epidural Narcotic given at: Date _____ Time _____ hr
- Epidural infusion / Intermittent Narcotic
- PCA Start Date _____ Time _____ hr

Refer to Anesthesiologist's orders and/or MARs for current orders.

Date Time	Epidural or Nerve Block Infusion (mL/hr)	Epidural: Intermittent Narcotic	PCA: Total Amount infused	PCA: Att/ inj	Pain score (0-5)	Sed score (1-5)	RR	HR	BP	Motor Assessment		Sensory/ Dermatome Level		Cath site	Initial
										Right	Left	Right	Left		
y'day 1700	3ml/hr	—	—	—	①	2	14	70	118/68	∅	∅	N	N	✓	Ⓚ
1800	3ml/hr	—	—	—	①	2	16	68	116/70	∅	∅	N	N	—	Ⓚ
1900	3ml/hr	—	—	—	①	2	16	72	120/74	∅	∅	N	N	—	Ⓚ

Day #2 Post Op.

Date Time	Epidural or Nerve Block Infusion (mL/hr)	Epidural: Intermittent Narcotic	PCA: Total Amount infused	PCA: Att/ inj	Pain score (0-5)	Sed score (1-5)	RR	HR	BP	Motor Assessment (Right/Left)	Sensory/ Dermatome Level (Right/Left)	Cath site	Initial		
today 0200	3	fentanyl 50mcg	—	—	4	①	16	80	126/80	∅	∅	N	N	—	Ⓚ
0600	3	—	—	—	2	2	12	76	118/78	∅	∅	N	N	✓	Ⓚ

Signature	Initial								

Monitoring

Epidural: Continuous Infusion and/or Intermittent Narcotic

- Respiratory rate and sedation score monitoring
 - Q1H for first 24 hours, then Q4H until infusion discontinued
 - Q1H for 18 hours after **morphine** OR **HYDROmorphine** intermittent dose, then return to Q4H for a further 18 hrs after infusion stopped
- BP/P Q30MIN x 2 hours from start of infusion, then Q4H
- Motor assessment and sensory/dermatome level Q4H until 12 hrs post epidural removal
- Postural BP/P prior to first ambulation
- Pain score Q2H while awake
- Anticoagulant/Antithrombotic considerations:
 - If patient on **LMWH (Low Molecular Weight Heparin)**, remove catheter 24 hrs after preceding dose and 2 hrs prior to next dose
 - If patient on **heparin** infusion, call anesthesiologist for orders
 - If patient on **warfarin**, catheter may be removed if INR less than or equal to 1.4 on day of removal. If INR more than 1.4, call anesthesiologist
 - If patient on **rivaroxaban**, call anesthesiologist for orders
- May discontinue IV access 6 hours post epidural removal if no **morphine** or **HYDROmorphine** given
- Maintain IV access for 18 hrs following intermittent dose of **morphine** OR **HYDROmorphine**
- If there is a need to discontinue IV access sooner, call anesthesiologist.

Single Dose Spinal/Epidural – morphine OR HYDROmorphine

- RR and sedation score Q1H for first 18 hrs (12 hrs if post partum)
- Analgesia assessment and pain score Q2H while awake
- Check BP/P if patient unduly drowsy or unresponsive
- If patient given additional IV dose of opioid other than via PCA, monitor RR and sedation score Q30MIN x 2 hours, if RR more than 10 resume Q1H monitoring
- Maintain IV access for 18 hrs following the administration of spinal/epidural **morphine** OR **HYDROmorphine**

PCA – Patient Controlled Analgesia

- Monitor and record pain score, sedation score and RR Q1H x 4 hrs, Q2H x 8 hours, then Q6H for duration of PCA
- BP/P Q4H x 12 hours then Q6H for duration

Nerve Block Catheter Infusion

- Analgesia assessment and pain score Q2H while awake
- BP/P, motor and sensory assessment level specific to catheter site, Q4H for duration of infusion

Pain Score	Scale	Sedation Score
"I can't stand it"	5	Awakens after 3rd stimuli, is drowsy and slow to respond
Really painful	4	Sleeping (wakes easily before or on the 3rd stimuli)
Painful	3	Sleeping, not awakened, Resps. > 10/minute
Bearable pain	2	Dozing intermittently (opens eyes when name called, orientated x 3)
Little bit of pain	1	Wide awake (alert and orientated x 3)
No pain	0	

MOTOR ASSESSMENT: determined by degree of block

- | | | | |
|----|-------|---|-------------------------------|
| 0 | Block | – | Full flexion of feet & knees |
| 1+ | Block | – | Just able to flex (bend) knee |
| 2+ | Block | – | Able to move feet only |
| 3+ | Block | – | Unable to move feet or knees |

DERMATOME CHART

