MEDICAL RECORD AUDIT FORM

1. Review nursing flowsheets, physician orders, medication record sheets, history & clinical notes (and critical path or care plan, if appropriate) for the first 24 hours after return to nursing unit after surgery (as long as it is within 72 hours after surgery). Do not include post-anesthesia room (pacu) orders or treatment.

2. If medical patient, audit first 24 hours after admission.

- Code number ______
- Age ______
- Admit or Surgical Date ___/___/___
- Unit ___/___
- Ethnicity: ___ Caucasian ___ Hispanic ___ African-American ___ Asian ___ American Indian ___ Other
- Sex: _____ M _____ F
- Diagnosis: ___ Medical Cancer ___ Medical Non-Cancer ___ Surgical Cancer ___ Surgical Non-Cancer
- Diagnosis description: __________________________________________________________

ASSESSMENT

Was there any documentation of pain by a physician? _____ Yes _____ No

In the charts where a physician documented pain, did the physician’s documentation include the use of either a numeric (e.g. 0-10, 0-5) or descriptive (e.g. mild-moderate-severe) pain intensity scale? _____ Yes _____ No

Was there documentation of pain by a nurse? _____ Yes _____ No

In the charts where a nurse documented pain, did the nurses’ documentation include the use of either a numeric (e.g. 0-10, 0-5) or descriptive (e.g. mild-moderate-severe) pain intensity scale? _____ Yes _____ No
How many pain intensity ratings (either numeric or descriptive) were recorded during this 24 hour period by the RNs? 

OUTCOME

Of all documented pain ratings, how many were either ≥ 5 (scale 0-10) or ≥ 3 (scale 0-5) or moderate or severe? 

What was the highest pain rating recorded? 

What was the lowest pain rating recorded? 

TREATMENT

Is there any documentation that non-pharmacologic interventions were used to treat pain? ___ Yes ___ No

If yes, indicate all that were documented: ___ Heat ___ Cold
___ Relaxation ___ Massage
___ Imagery ___ Distraction
___ Music ___ Positioning or Movement
___ Patient Teaching ___ Splinting
___ TENS ___ Other (specify)

Were IM (intramuscular injections) ordered as a route for any opioid analgesics? ___ Yes ___ No

If yes, ___ PRN ___ Scheduled

How many times was an IM opioid analgesic administered? 

Total mg of opioid analgesic administered IM _____ mg

IM opioid administered: ___ Morphine ___ Dilaudid
___ Demerol ___ Other (specify) _____________

Was ketorolac (Toradol) ordered? ___ Yes ___ No

If yes, ___ PRN ___ Scheduled

How many times was an (IM/IV) injection of ketorolac (Toradol) administered? 

Total mg amount of ketorolac administered? _____ mg
Was meperidine (Demerol) ordered? ___ Yes ___ No
If yes, ___ PRN ___ Scheduled

How many times was a dose of meperidine administered? _____

Total mg amount of meperidine administered ______ mg

Did this patient receive analgesics via an intravenous patient-controlled analgesic pump (IV PCA)? ___ Yes ___ No
If yes, did patient receive the basal rate? ___ Yes ___ Noc only ___ No
Pt initiated dose (mg) _____ mg Basal rate (mg) _____ mg Lockout (minutes) _____
PRN RN IV bolus (mg) _____ mg Total amount of opioid received from IV PCA _____ mg

IV opioid administered: ___ Morphine ___ Dilaudid
___ Demerol ___ Fentanyl
___ Unable to determine

(Excluding IV PCA) Were intravenous (IV) injections of an opioid analgesic ordered? ___ Yes ___ No
If yes, ___ PRN ___ Scheduled

How many times was an IV injection of an opioid administered? _____

Total mg amount of IV opioid administered? ______ mg

IV opioid administered: ___ Morphine ___ Dilaudid
___ Demerol ___ Other (specify) _______________________

Did this patient receive analgesics via an epidural catheter (post-op)? ___ Yes ___ No
___ Continuous ___ PCA ___ Bolus

Were oral opioid (include combination products) analgesics ordered? ___ Yes ___ No
If yes, ___ PRN ___ Scheduled

How many times was an oral opioid administered? _____

Total mg amount of oral opioid administered ______ mg

Oral opioid administered: ___ Codeine ___ Hydrocodone
___ Oxycodone ___ Morphine
Was it a combination product? ___ Yes ___ No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Were oral opioid (include combination products) analgesics ordered?</td>
<td></td>
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<td>If yes, ____ PRN ____ Scheduled</td>
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<tr>
<td>How many times was an oral opioid administered?</td>
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<td>Total mg amount of oral opioid administered</td>
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<td>Was it a combination product? ____ Yes ____ No</td>
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<tr>
<td>Were oral non-steroidal anti-inflammatory (NSAIDs) analgesics ordered?</td>
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<td>If yes, ____ PRN ____ Scheduled</td>
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<tr>
<td>How many times was an oral non-opioid given?</td>
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<tr>
<td>(Excluding combination products) Was acetaminophen (Tylenol) ordered?</td>
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<tr>
<td>If yes, ____ PRN ____ Scheduled</td>
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<tr>
<td>How many times was acetaminophen administered?</td>
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<td></td>
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<tr>
<td>Total mg amount of acetaminophen administered</td>
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<td>During this first 24 hours, did the patient receive a change in</td>
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<td>analgesic orders?</td>
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<td>If yes, was the analgesic regimen ____ increased ____ decreased</td>
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<td>If yes, why (check all that apply)? ____ side effects ____ pain not</td>
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<td>controlled ____ patient’s PO status changed ____ unable to determine</td>
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<td>____ other</td>
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