

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:

<input type="checkbox"/> Heat	<input type="checkbox"/> Cold
<input type="checkbox"/> Relaxation	<input type="checkbox"/> Massage
<input type="checkbox"/> Imagery	<input type="checkbox"/> Distraction
<input type="checkbox"/> Music	<input type="checkbox"/> Positioning or Movement
<input type="checkbox"/> Patient Teaching	<input type="checkbox"/> Splinting
<input type="checkbox"/> TENS	<input type="checkbox"/> 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:

<input type="checkbox"/> Morphine	<input type="checkbox"/> Dilaudid
<input type="checkbox"/> Demerol	<input type="checkbox"/> 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

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

Were oral non-steroidal anti-inflammatory (NSAIDs) analgesics ordered? Yes No
If yes, PRN Scheduled

How many times was an oral non-opioid given? _____

(Excluding combination products) Was acetaminophen (Tylenol) ordered? Yes No
If yes, PRN Scheduled

How many times was acetaminophen administered? _____

Total mg amount of acetaminophen administered _____ mg

During this first 24 hours, did the patient receive a change in analgesic orders? Yes No

If yes, was the analgesic regimen increased decreased

If yes, why (check all that apply)?
 side effects
 pain not controlled
 patient's PO status changed
 unable to determine
 other