

Regional/PCA Analgesia Record

DATE:

ANESTHESIOLOGIST

Name

Notified of epidural request at

TIME

Arrived at

Initiated epidural at

ROUTE:

- ☐ Epidural
☐ Spinal/Epidural
☐ Spinal

METHOD:

- ☐ PCEA
☐ Continuous Infusion
☐ IV PCA

Initial Pump Settings verified

INIT.

INFUSION

Name & Concentration

TIME

MEDICATION

(Name & Concentration
if TOP-UP)

INFUSION MANAGEMENT

Basal Continuous
Infusion (mL/h)

TOP-UPS

Bolus PCA / PCEA

Lock-out (min)

Max. hourly limit

Cumulative
Totals

Received

Attempts

Volume

ASSESSMENT

Pain scale

Sensory level

L

R

Motor block

L

R

Level of sedation

Bag/syringe change

Pump rate verified

INIT.

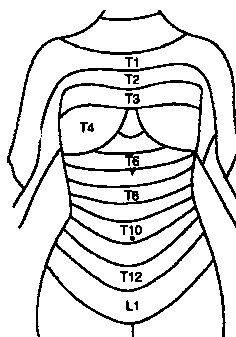
PAIN SCALE:

0 - 10 =

none to excruciating

* see IPN

SENSORY LEVEL



MOTOR BLOCK

A = Meets ambulation criteria

0 = None: moves feet, knees & hips

1 = Partial: moves feet & knees

2 = Almost complete: moves feet only

3 = Complete

LEVEL OF SEDATION

0 = Alert

1 = Occasionally drowsy

2 = Frequently drowsy, easy to arouse

3 = Somnolent, difficult to arouse

4 = Unarousable

5 = Sleeping

EPIDURAL CATHETER REMOVED

INTACT: ☐ Yes ☐ No

Time:

Init.:

Name (printed)

Signature

Date (yyyy/mm/dd)

Time

Name (printed)

Signature

Date (yyyy/mm/dd)

Time