



Southwestern Ontario
Maternal, Newborn, Child and Youth Network

NAME OF HOSPITAL:

**OBSTETRICAL PAIN MANAGEMENT
MONITORING RECORD**

DATE INITIATED: YYYY MM DD		TIME INITIATED:	INITIALS:	DATE DISCONTINUED: YYYY MM DD		TIME DISCONTINUED:	INITIALS:	EPIDURAL TUBING REMOVED: YYYY MM DD	HOUR REMOVED:	<input type="checkbox"/> Intact <input type="checkbox"/> Not Intact	INITIALS:
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Pain Management Modality: PCA PCEA EPIDURAL

Drug(s): _____

Dose: _____ Delay: _____ min. Initial Basal Rate (continuous): _____ mL/h

Max. Dose: _____ Initials: _____

SEDATION SCALE: 0 Alert 1 Occasionally drowsy 2 Frequently drowsy, easy to arouse 3 Somnolent, difficult to arouse 4 Unarousable "S" Sleeping	MOTOR BLOCKADE (Right/Left): Lower: 0 - Able to raise extended leg off bed 1 - Able to flex knee and ankle 2 - Able to flex ankle only 3 - Unable to flex hip, knee or ankle	SIDE EFFECTS: N - Nausea P - Pruritus 0 - None 1 - Mild, no Rx needed 2 - Moderate, Rx effective 3 - Severe, Rx not effective	PAIN SCALE: 0 - No Pain 10 - Worst Pain
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TIME	RESP. RATE	SEDATION SCALE	PAIN SCALE	MOTOR BLOCK		SENSORY BLOCKADE		SIDE EFFECTS	DOSE DELAY (min)	INJECTIONS ATTEMPTS	REMAINING SYRINGE VOLUME (mL)	BOLUS OR CHANGES	INITIALS
				R	L	R	L						

SYRINGE CHANGES:

Medication, Dosage and Concentration	Time and Initials	Time and Initials	Time and Initials	Time and Initials

