Analgesia Administration Flow Sheet

Customer Nan				Name of Drug:										Start Date/Time:			
					For use only with Subcutaneous/Intravenous Administration												
Date/Time	Assessment			PCA Setting							Site/Needle		Narcotic Therapy	Nurse Initials	Comments		
	[A] Pain Rating	[B] Pain Relief	[C] Sedation Level	Res Vol (ml)	Concentration (mcg or mg/ml)	Continuous Rate (mg or cc/hr)	Bolus (PCA) Dose (mcg or mg)	Bolus Interval (minutes)	Boluses Given	Bolus Attempts	Lock Level	[D] Site Assessment Q Shift	Needle Site change Q72 hrs & PRN				
[A] PAIN RATING SCALE [B] PAI			N RELIEF [C] SEDATION LEVEL				[D] NEEDLE SITE					NURSES SIGNATURE					
0 = None 1 = Annoying 2 = Uncomfortable			2 = Partia	st Comple	te 1 = R 2 = D	0 = No response 1 = Responds to pain only 2 = Drowsy, but hard to arouse, needs			1=SUBCUTANUOUS 6 2=RUQ 7			EXTREMITIES 6=RIGHT ARM 7=LEFT ARM					
			3 = Very			tactile stimulation. 3 = Drowsy, but will open eyes when			3=RLQ 8=RIGHT THIGH								
4 = Horrible 4 = 5 = Agonizing			4 = None	name is called several times				4=LLQ 5=LUQ	<u> </u>								
- J				4 = Drowsy, but easily aroused (responds by opening eyes when name is called) 5 = Awake, alert, oriented x 3						location in comments)							