

**SAMPLE DOCUMENT ONLY NOT TO BE PRINTED**



**Analgesia Infusion Observations**

- Epidural ☐  
 Opioid infusion ☐  
 Patient controlled analgesia ☐  
 Ketamine ☐  
 Other \_\_\_\_\_

U.R. Number \_\_\_\_\_

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

D.O.B. \_\_\_\_\_

/

/

Sex \_\_\_\_\_

**AFFIX PATIENT LABEL HERE**

**Opioid/ketamine infusion observations**

- BP, pulse and respiration – ½ hourly for the first 2 hours, then hourly for 2 hours. If stable continue with 4 hourly BP and pulse (*Documented on the ORC—Observation and Response Chart*)
- Respirations and sedation – hourly throughout the infusion (*Documented on the AIOC - Analgesia Infusion Observation Chart*)
- SaO<sub>2</sub> and temperature – 4 hourly. Document the nature of oxygen therapy (*Documented on the ORC*)
- Pain and functional activity – hourly for the first 8 hours, then 2 hourly including during night shift if fully awake (*Documented on the AIOC*)
- PCA attempt and given – hourly for the first 8 hours. If good understanding of PCA then document handset activity 4 hourly. Document more frequently if patient requires regular prompting to use the device effectively. Both values to be cleared when a new bag commenced (*Documented on the AIOC*)
- Continuous infusion rates – hourly (*Documented on the AIOC*)
- Total given amount – hourly. Value is cleared with new bag commencement (*Documented on the AIOC*)
- Full set of vital signs - 4 hourly (*Documented on ORC*)

**Epidural/regional infusion observations**

- BP and pulse – 5 minutely for the first 30 minutes, then ½ hourly for 4 hours, then 4 hourly (*Documented on the ORC*)
- Respirations – hourly throughout the infusions and for 4 hours following cessation of infusion (*Documented on the AIOC*)
- SaO<sub>2</sub> and temperature – 4 hourly. Document the nature of oxygen therapy (*Documented on the ORC*)
- Pain, functional activity and sedation - hourly for the first 8 hours and then 2 hourly (*Documented on the AIOC*)
- Motor blockade – hourly for the first 4 hours, then 4 hourly. Report persistent severe weakness to the contact anaesthetist (*Documented on the AIOC*)
- Dermatome level – 30 minutes after establishment of regional or prior to leaving PAR. Checked each shift (8 hourly) and when clinically indicated (*Documented on the AIOC*)
- Analgesic pump observations - hourly which may include PIB setting, PCEA given, PCEA attempt, continuous infusion rate and total given amount (*Documented on the AIOC*)
- Catheter skin level- on establishment and each shift (8 hourly) (*Documented on the AIOC*)
- After clinician bolus dose- BP and pulse five minutely for 20 minutes, 1/2 hourly for one hour then return to previously established frequency. Pain and FAC after 30 minutes (*Documented on ORC and AIOC*)
- After adjustments – refer to epidural management guidelines
- Full set of vital signs - 4 hourly (*Documented on ORC*)

**Pain Score**

0 1 2 3 4 5 6 7 8 9 10  
 no pain mild moderate severe



**Nausea/Vomiting Score**

- 0 = none  
 1 = mild, no Rx needed  
 2 = moderate, Rx effective  
 3 = severe, Rx not effective

**Functional Activity Score-**

**Refers to restriction above pre existing condition**

- A = Unrestricted by pain when performing the chosen activity.  
 B = Activity is only mildly to moderately restricted by pain. Activity can be largely undertaken.  
 C = Activity is severely limited by pain when performing chosen activity.

**Sedation Score**

Score	Descriptor	Stimulus	Response	Duration
0	Awake, alert	N/A	N/A	N/A
1	Mild sedation, easy to rouse	Voice, light touch	Eye opening and eye contact	>10 seconds
1S	Asleep, easy to rouse	Voice, light touch	Eye opening and eye contact	>10 seconds
2	Moderate sedation, unable to remain awake	Voice, light touch	Eye opening and eye contact	< 10 seconds
3	Difficult to rouse	Pain, trapezius muscle squeeze, jaw thrust	Brief eye opening OR any movement OR no response	N/A

**Motor Score and Dermatome Level**

Refer to the diagram on page 4.

BHS PS  
Feb 17

**OBSERVATIONS**

**ANALGESIA INFUSION**


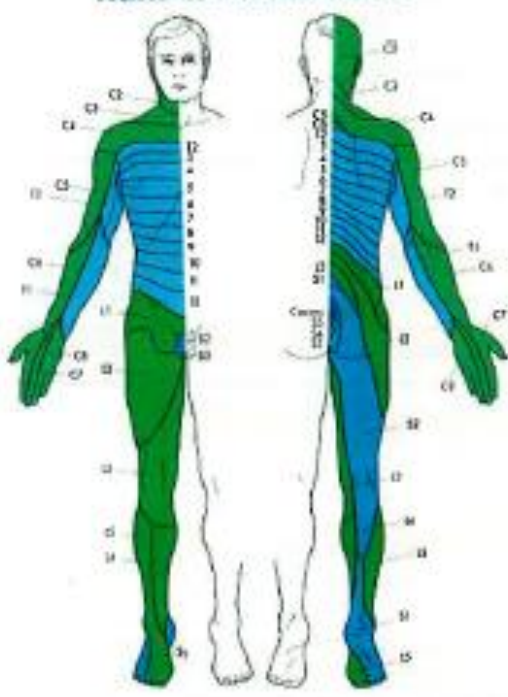

**MR/590.0**

UR No: _____ Surname: _____ Given: _____ DOB: _____ Sex: _____	
<b>All physiological observations are to be recorded on and escalate care as per appropriate Observation and Response Chart.</b>	
	MET Review    Clinical Review
<b>Date</b>	
<b>Time</b>	
Respiratory Rate (breaths/min)	≥31
	25-30
	19-24
	11-18
	6-10
Sedation Score	≤5
	3
	2
	1s
	1
Pain score at rest	Severe 8 - 10
	Moderate 4 - 7
	Mild 0 - 3
Pain score movement/coughing	Severe 8 - 10
	Moderate 4 - 7
	Mild 0 - 3
Pain related Functional Activity Score	C
	B
	A
Hallucinations present	YES
	NO
Nausea/Vomiting Score	
Bromage Motor Score LEFT	3
	2
	1
	0
Bromage Motor Score RIGHT	3
	2
	1
	0
Dermatome Sensory Block	Left
	Right
Refer to Reportable level on regional form	
Catheter Level at Skin (cm)	
<b>Parenteral analgesics</b>	
Clinician loading dose	
Pump 1	PCA dose given
	PCA dose attempt
	Continuous rate
	Total given amount
Pump 2	Ketamine infusion rate mg/hr
	Total given amount mg
<b>Regional analgesia</b>	
Clinician loading dose	
Pump 3	PCEA dose given
	PCEA dose attempt
	PIB mL
	Continuous rate mL/hr
Total given amount mL	
Comments	

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NET Review Clinical Review	
Date	
Time	
Respiratory Rate (breaths/min)	>31
	25-30
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	11-18
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Sedation Score	>5
	3
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	1s
	1
Pain score at rest	Severe 8 - 10
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Pain score movement/coughing	Severe 8 - 10
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	NO
Nausea/Vomiting Score	
Bromage Motor Score LEFT	3
	2
	1
	0
Bromage Motor Score RIGHT	3
	2
	1
	0
Dermatome Sensory Block Refer to Reportable level on regional form	Left
	Right
Catheter Level at Skin (cm)	
Parenteral analgesics	
Clinician loading dose	
Pump 1	PCA dose given
	PCA dose attempt
	Continuous rate
	Total given amount
Pump 2	Ketamine infusion rate mg/hr
	Total given amount mg
Regional analgesia	
Clinician loading dose	
Pump 3	PCEA dose given
	PCEA dose attempt
	PBS mL
	Continuous rate mL/hr
Total given amount mL	
Comments	

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 <b>Ballarat Health Services</b> Putting your health first		U.R. Number _____ Surname _____ Given Names _____ D.O.B. / / Sex _____	<div style="border: 1px solid black; padding: 5px; color: red; text-align: center;">         SAMPLE DOCUMENT ONLY NOT TO BE PRINTED       </div>
<b>Analgesia Infusion Observations</b>		AFFIX PATIENT LABEL HERE	
<h3>Human Dermatomes</h3> 		<h3>Motor Block Assessment</h3> 	
<h3>Sensory Block Assessment</h3> <p><b>Dermatome Level</b>          Assessment of sensory block may be made by testing for a change in temperature sensation at the dermatomal levels.          To assess the patient's response to temperature change, apply ice to the skin surface. Bilateral upper and lower assessment of the block should be made.          Notify the anaesthetist if block is above T4 or has reached individual reportable level.</p>		<h3>Intensity of Motor Block</h3> <p><b>Bromage Motor/Sensory Score</b>          It is important to realize that the patient's sense of body orientation may be impaired due to sensory block. Caution when mobilizing patients with regional techniques.          A persistent motor score of three or the presence of weakness in the arms such as a weak hand grip must be reported to the Anaesthetist.</p>	
<h3>Dermatomes Landmarks</h3> <p>T4 = Mid sternum          T7 = Tip of Xiphoid          T10 = Umbilicus          T12 = Symphysis Pubis</p>		<h3>Bromage Motor Score</h3> <p>0 = no weakness – able to flex hips, knees and ankles          1 = mild weakness – able to flex knees and ankles only          2 = moderate weakness – able to flex ankles only          3 = severe weakness – inability to flex hips, knees and ankles</p>	
<div style="display: flex; justify-content: space-between;"> <span>NR/590.0</span> <span>Page 4 of 4</span> </div>			