ROYAL ADELAIDE HOSPITAL

EPIDURAL/INTRATHECAL/ REGIONAL ANALGESIA

Observations and Record of Drug Administration

PATIENT LABEL

Unit Record No.: _____

Surname: _____

Given Names: _____

Date of Birth: _____ Sex: _____

MONITORING REQUIREMENTS: **Record Items 1 to 6 EACH HOUR for 8 hours and then 2 HOURLY**

1. **PAIN SCORE**
2. **SEDATION SCORE**
3. **RESPIRATORY RATE**
4. **BP AND HEART RATE**
5. **MOVEMENT AND SENSATION**
6. **CURRENT TOTAL DOSE**

After administration of a bolus dose:
Record Items 1 to 5 every 5 minutes for 20 minutes.

After removal of an epidural catheter:
Record movement and sensation every 4 HOURS for 24 HOURS.

7. **EPIDURAL INSERTION SITE:** Once per shift, record any inflammation, tenderness, swelling or leakage at the epidural insertion site; reinforce dressing if needed – do not remove and replace.

Pain Score:

0 = no pain

10 = worst pain imaginable

NB: record pain scores at rest and with movement eg. coughing

Sedation Score:

0 = wide awake

1 = easy to rouse

2 = constantly drowsy, easy to rouse but cannot stay awake

3 = somnolent, difficult to rouse (severe respiratory depression)

Current total dose:
Record in mL. Reset total dose to zero when syringe is changed.

Movement and Sensation:

- Ask the patient if they have any numbness/weakness. Unless injured, get the patient to flex their hips and knees (ie, draw their knees up to their chest).
- IF ALL IS NORMAL, record M✓ S✓ in the M/S column; otherwise document and call the APS immediately.

DRUG: **Route:**

Date/ Time	Dose	Pain Scores ..... X (0 2 4 6 8 10)	Sed'n Score	Resp Rate	PR	BP	M/S	Comments	Signature RN or MO
		0 2 4 6 8 10							

ADVERSE DRUG REACTIONS

Drug	Date	Details	Signature

DRUG: **Route:**

Date/ Time	Dose	Pain Scores ..... X (0 2 4 6 8 10)	Sed'n Score	Resp Rate	PR	BP	M/S	Comments	Signature RN or MO
		0 2 4 6 8 10							