

PEDIATRIC PAIN MANAGEMENT MONITOR FORM

RECORD NUMBER: _____

1. Age (if < 1yr, enter months) Years: <input style="width: 100px;" type="text"/> Months: <input style="width: 100px;" type="text"/>	2. Gender <input type="radio"/> Female <input type="radio"/> Male																				
3. Fracture location (check all that apply) <input type="checkbox"/> Upper extremity <input type="checkbox"/> Lower extremity <input type="checkbox"/> Digits	4. Type of extremity fracture (check all that apply) <input type="checkbox"/> Open fracture <input type="checkbox"/> Closed fracture <input type="checkbox"/> Multiple fracture																				
5. Parents/patient given verbal or written information concerning pain & pain management on admission to ED (i.e. mission statement or patient's rights info) <input type="radio"/> Yes <input type="radio"/> No																					
6. Was there documentation that a pain scale was used in assessment of initial intensity of pain? <input type="radio"/> Yes <input type="radio"/> No	7. If no pain scale used, was a qualitative initial assessment of pain intensity documented? <input type="radio"/> Yes <input type="radio"/> No																				
8. Time of first pain assessment Hour: _____ Minute: _____ AM/PM	9. Time first analgesic given (if applicable) Hour: _____ Minute: _____ AM/PM																				
10. Time between pain assessment and analgesic offered in minutes (if applicable) <input style="width: 100px;" type="text"/>																					
11. Which analgesics were given? <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Aspirin</td> <td><input type="checkbox"/> Ibuprofen</td> <td><input type="checkbox"/> Acetaminophen</td> </tr> <tr> <td><input type="checkbox"/> Codeine</td> <td><input type="checkbox"/> Codeine with Aspirin</td> <td><input type="checkbox"/> Codeine with Acetaminophen</td> <td><input type="checkbox"/> Codeine with Ibuprofen</td> </tr> <tr> <td><input type="checkbox"/> Fentanyl</td> <td><input type="checkbox"/> Hydrocodone bitartrate</td> <td><input type="checkbox"/> Hydromorphone</td> <td><input type="checkbox"/> Ketorolac</td> </tr> <tr> <td><input type="checkbox"/> Meperidine IM or IV</td> <td><input type="checkbox"/> MSO4 continuous IV</td> <td><input type="checkbox"/> MSO4 IV bolus</td> <td><input type="checkbox"/> MSO4 IM or SQ</td> </tr> <tr> <td><input type="checkbox"/> Oxycodone</td> <td><input type="checkbox"/> Other (Define)</td> <td colspan="2" style="text-align: center;"><input style="width: 100px;" type="text"/></td> </tr> </table>		<input type="checkbox"/> None	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Acetaminophen	<input type="checkbox"/> Codeine	<input type="checkbox"/> Codeine with Aspirin	<input type="checkbox"/> Codeine with Acetaminophen	<input type="checkbox"/> Codeine with Ibuprofen	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Hydrocodone bitartrate	<input type="checkbox"/> Hydromorphone	<input type="checkbox"/> Ketorolac	<input type="checkbox"/> Meperidine IM or IV	<input type="checkbox"/> MSO4 continuous IV	<input type="checkbox"/> MSO4 IV bolus	<input type="checkbox"/> MSO4 IM or SQ	<input type="checkbox"/> Oxycodone	<input type="checkbox"/> Other (Define)	<input style="width: 100px;" type="text"/>	
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12. Were standing orders used for nursing administration of pain medication? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	13. Was use of supportive care given and documented (i.e., ice, elevation, etc?) <input type="radio"/> Yes <input type="radio"/> No																				
14. Time of first reassessment after pain intervention Hour: _____ Minute: _____ AM/PM	15. Was documentation of pain reassessment noted at time of discharge or transfer? <input type="radio"/> Yes <input type="radio"/> No																				
16. Did the patient report reduced pain based on the pain measurement used? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	17. Did discharge instructions include pain management? <input type="radio"/> Yes <input type="radio"/> No																				