

HOSPITAL OF

Patient Barcode Label

INITIAL ACUTE PAIN MANAGEMENT SERVICES

Date: \_\_\_\_\_

To: Acute Pain Service

From: Dr. \_\_\_\_\_ (Attending)

on \_\_\_\_\_ (Service)

Diagnosis or body site

Time: \_\_\_\_\_ Date: \_\_\_\_\_

EPIDURAL ANALGESIA:

- Epidural placement for post-op analgesia (62279)  
(epidural not used as primary anesthetic route)
- Epidural used intra-op as primary anesthetic route  
(not billable - included in other services)

REQUIRED:

Chief Complaint: \_\_\_\_\_

Hx. of Present Illness: \_\_\_\_\_

Physical Exam of affected area: \_\_\_\_\_

Lab / X-rays: \_\_\_\_\_

Allergies: \_\_\_\_\_

Meds: \_\_\_\_\_

IMPRESSION: \_\_\_\_\_

PLAN:  IV PCA \_\_\_\_\_ Drug \_\_\_\_\_

Basal Rate \_\_\_\_\_ Bolus \_\_\_\_\_ PCA Dose \_\_\_\_\_ Delay \_\_\_\_\_ HR Limit \_\_\_\_\_

Epidural Analgesia \_\_\_\_\_ Drug \_\_\_\_\_ Hour Rate \_\_\_\_\_

Other \_\_\_\_\_

Pt understands and agrees with the treatment plan

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ ID \_\_\_\_\_

PHYSICIAN INSERTING OR SUPERVISING THE INSERTION OF EPIDURAL  
SHOULD FILL OUT THIS FORM AND SIGN

White - CONSULT NOTE

Yellow - WORKBOOK

Pink - Billing