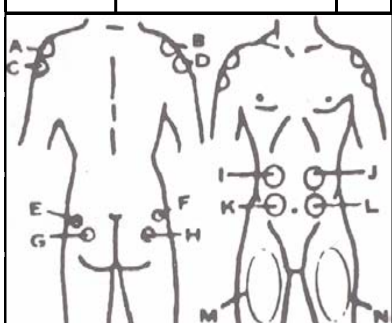
COMFORT GOAL:		PAIN MANAGEMENT FLOW SHEET							
DATE	TIME	PAIN LOCATION	SEDATION RATING	PAIN SCALE	PAIN RATING	INTERVENTION	INITIALS	EVALUATION TIME / PAIN #	INITIALS

PART OF THE MEDICAL RECORD

SINGLE ORDER / PRE-OPS

INITIAL ORDER DATE	MEDICATIONS DOSE RT OF ADMIN	GIVEN SITE	GIVEN Date / Milit. Time	GIVEN INIT'L



ANALGESIC MEDICATION ADMINISTRATION RECORD

INITIAL	PRN MEDICATION | DOSAGE | FREQUENCY ROUTE OF ADMINISTRATION													
		DATE												
Date Ord.		TIME												
		SITE												
Exp. Date		INIT'L												
		DATE												
Date Ord.		TIME												
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Exp. Date		INIT'L												
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Date Ord.		TIME												
		SITE												
Exp. Date		INIT'L												

PART OF THE MEDICAL RECORD