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MATERNAL-INFANT HEALTH PAIN MANAGEMENT ADMISSION RECORD

PATIENT IDENTIFICATION

Acute Pain: <input type="checkbox"/> NO ACUTE PAIN	Chronic Pain: <input type="checkbox"/> NO CHRONIC PAIN
LOCATION:	LOCATION:
PAIN SCORE: SCALE USED:	PAIN INTENSITY: SCALE USED:
COMFORT GOAL:	COMFORT GOAL:
QUALITY (Patient's Own Words):	QUALITY (Patient's Own Words):
ONSET: PATTERN:	ONSET: PATTERN:
AGGREVATING FACTORS:	AGGREVATING FACTORS:
ALLEVIATING FACTORS:	ALLEVIATING FACTORS:
PATIENT'S PLANS FOR LABOR PAIN MANAGEMENT: <input type="checkbox"/> NCB <input type="checkbox"/> MEDICATION <input type="checkbox"/> EPIDURAL <input type="checkbox"/> NO PLAN	IMPACT / Functional Ability:
LABOR PAIN MGMNT HISTORY / Helpful	IMPACT / Quality of Life:
LABOR PAIN MGMNT HISTORY / Not Helpful	PAIN MGMNT HISTORY / Helpful
	PAIN MGMNT HISTORY / Not Helpful

USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED

PAIN SCALES:

A. WONG-BAKER: (Faces)



B. 0-10 VISUAL: (Numeric)



C. VERBAL:

No Hurt Hurts Little Bit Hurts Little More Hurts Even More Hurts Whole Lot Worst Pain

D. NON-COGNITIVE: (Use FLACC Scale)

WONG-BAKER FACES PAIN SCALE from Wong DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Ahmann E, DiVito-Thomas PA, Whaley & Wong: Care of Infants & Children, 8th ed, St. Louis, MO: Mosby-Year Book Inc., 1999; 1153. Copyrighted by Mosby-Year Book, Inc. Reprinted with Permission.

SEDATION SCALE:

- S = NORMAL SLEEP, EASY TO AROUSE, ORIENTED WHEN AWAKENED, APPROPRIATE COGNITIVE BEHAVIOR
- 1 = WIDE AWAKE - ALERT (OR AT BASELINE), ORIENTED, INITIATES CONVERSATION
- 2 = DROWSY, EASY TO AROUSE, BUT ORIENTED AND DEMONSTRATES APPROPRIATE COGNITIVE BEHAVIOR WHEN AWAKE
- 3 = DROWSY, SOMEWHAT DIFFICULT TO AROUSE, BUT ORIENTED WHEN AWAKE
- 4 = DIFFICULT TO AROUSE, CONFUSED, NOT ORIENTED
- 5 = UNAROUSABLE

INTERVENTION:

- 1 = DISCUSS PAIN MANAGEMENT PLAN WITH PHYSICIAN
- 2 = PHARMACOLOGICAL (See FLOW SHEETS)

- 3 = EPIDURAL
- 4 = PCA (See APS FLOW SHEET)
- 5 = NON-PHARMACOLOGICAL
 - A. Position Changed B. Relaxation Technique
 - C. Splinting D. Imagery E. Music F. Education
 - G. Other: _____

FLACC PAIN SCALE:

1. Sum of FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY Scores = FLACC Score
2. Record FLACC Score using the 0-10 VISUAL (NUMERIC) Scale above

= FACE Score

- 0 = No particular expression or smile
- 1 = Occasional grimace or frown, withdrawn, disinterested
- 2 = Frequent to constant frown, clenched jaw, quivering chin

= LEGS Score

- 0 = Normal position, or relaxed
- 1 = Uneasy, restless, tense
- 2 = Kicking, or legs drawn up

= ACTIVITY Score

- 0 = Lying quietly, normal position, moves easily
- 1 = Squirming, shifting back & forth, tense
- 2 = Arched, rigid, or jerking

= CRY Score

- 0 = No crying (asleep or awake)
- 1 = Moans or whimpers, occasional complaint
- 2 = Crying steadily, screams or sobs, frequent complaints

= CONSOLABILITY Score

- 0 = Content, relaxed
- 1 = Reassured by touching, hugging, talking to, distractable
- 2 = Difficult to console or comfort

PART OF THE MEDICAL RECORD

MATERNAL INFANT HEALTH PAIN MANAGEMENT ADMISSION RECORD										
DATE	TIME	PAIN LOCATION	COMFORT GOAL	SEDATION RATING	PAIN SCORE	PAIN SCALE	INTER-VENTION	INITIALS	EVALUATION TIME / PAIN #	INITIALS

NURSE'S NOTES			
DATE	TIME		
INITIALS		NURSE 's SIGNATURE / TITLE	
INITIALS		NURSE 's SIGNATURE / TITLE	

PART OF THE MEDICAL RECORD