### HOSPITAL EPIDURAL / INTRATHecal ANALGESIA PROGRESS NOTES

**Department of Anesthesiology**  
**Acute Pain Service**  
**Pager Number: 1910 / Kaiser: 301-206-0927**

<table>
<thead>
<tr>
<th>Date</th>
<th>Surgeon</th>
<th>Room</th>
</tr>
</thead>
</table>

**Operation:**

**Allergies:**  
- [ ] NKDA

**Contraindication to NSAIDS:**  
- [ ]

**Comments:**

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**CATHETER INFO:**

- **Time Inserted:**
- **AM / PM:**
- **By:**

**Level:**
- [ ] Thoracic
- [ ] or Lumbar

**Intra-OP Anesthesia:**
- [ ] General Anesthesia w/Regional for Post-OP Analgesia
- [ ] Regional only
- [ ] Catheter Discontinued

**Intact, Site Clear**

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### DATE

<table>
<thead>
<tr>
<th>POD</th>
<th>TIME</th>
<th>CONTINUOUS</th>
<th>PCEA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Solution and Drug Concentration</th>
<th>Rate Cons.</th>
<th>Vol. Ccs</th>
<th>Lock Out (min)</th>
<th># PCA Doses</th>
<th>Side Effects</th>
<th>Level of Cons.</th>
<th>Pain Assess or Pain Score 1-10</th>
<th>Cath. Site</th>
<th>PO Status</th>
<th>Motor Sml</th>
<th>Plan Comments</th>
<th>Interventions</th>
<th>M.D.'s Signature</th>
</tr>
</thead>
</table>

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### BOLUS DOSING/MONITORING RECORD

<table>
<thead>
<tr>
<th>Drug Dose</th>
<th>Pre-Bolus VS</th>
<th>BP - HR - RR - EVERY 5 MIN. x 4 - THEN NOTIFY RN TO COMPLETE PROTOCOL</th>
<th>MD Signature</th>
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</thead>
</table>

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<tr>
<th>AMPM</th>
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<th>TIME</th>
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<th>RN Notified</th>
<th>[ ] Yes</th>
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</tr>
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**Key:**
- **Pain Assessment:**
  - C = Comfortable
  - AT = Aware of pain but tolerable
  - PI = Pain Intolerable
  - Pain Score:
  - O = No Pain
  - 10 = Worst Pain Ever

**Side Effects:**
- N = Nausea
- VOM = Vomiting
- U = Urinary Retention
- I = Itching

**Level of Consciousness:**
- A = Alert
- D = Drowsy but arousable
- S = Somnolent

**Motor Block:**
- 0 = None
- 1 = Minimal
- 2 = Moderate
- 3 = Severe