

name \_\_\_\_\_  
hospital no. \_\_\_\_\_

date \_\_\_\_\_

Epidural  
Observation & Pain Assessment Chart

Instructions – refer to Clinical Practice Guidelines

NB: Record ALL observations and assessments AT LEAST HOURLY

Which pain assessment  
tool(s) are being used?

Patient	VAS	<input type="checkbox"/>	Faces	<input type="checkbox"/>	Other	.....
Parent	FLACC	<input type="checkbox"/>			Other	.....
Health prof	FLACC	<input type="checkbox"/>			Other	.....

Pain assessment frequency

HOURLY for total duration of infusion +12 hours after cessation  
Continue every 4 hours on 'Pain Assessment Chart'

TIME	TOTAL VOL		SYRING	EPIDURAL	SCORES (at least hourly)							PAIN ASSESSMENT			COMMENTS	SIGI
	running	hourly	reading	site	Bromage	Dermatomes		Pressure	N & V	Pruritus	Sedation	patient	parent	health prof	details, interventions and reviews	
						Left	Right	Area								
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01 - 02																
02 - 03																
03 - 04																
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