

Name .....

Hospital no. .... date .....

PCA / NCA  
Observation & Pain Assessment Chart

Instructions – refer to Clinical Practice Guidelines

NB: 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

- NCA / PCA: HOURLY for duration and for 6 hours after stopping infusion
- Once stopped: 4 HOURLY or as appropriate (increase frequency if score  $\geq 4$ )

TIME	TRIES		TOTAL VOLUMES		SYRINGE	SITE	SCORES (at least hourly)						COMMENTS	SIGI
	total	good	hourly	running	reading #	description $\beta$	N & V *	Pruritus *	Sedation	patient	PAIN parent	health prof	Document details, interventions and reviews	
00 - 01														
01 - 02														
02 - 03														
03 - 04														
04 - 05														
05 - 06														
06 - 07														
07 - 08														
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Any questions concerning pain assessment / management please contact the Pain Team bleep 0577