PEDIATRIC PAIN MANAGEMENT MONITOR FORM

RECORD NUMBER: _____

1. Age (if < 1yr, enter months)
   Years: __________
   Months: __________

2. Gender
   ○ Female   ○ Male

3. Fracture location (check all that apply)
   □ Upper extremity  □ Lower extremity
   □ Digits

4. Type of extremity fracture (check all that apply)
   □ Open fracture  □ Closed fracture
   □ Multiple fracture

5. Parents/patient given verbal or written information concerning pain & pain management on admission to ED (i.e. mission statement or patient's rights info)
   ○ Yes   ○ No

6. Was there documentation that a pain scale was used in assessment of initial intensity of pain?
   ○ Yes   ○ No

7. If no pain scale used, was a qualitative initial assessment of pain intensity documented?
   ○ Yes   ○ No

8. Time of first pain assessment
   Hour: _____ Minute: _____ AM/PM

9. Time first analgesic given (if applicable)
   Hour: _____ Minute: _____ AM/PM

10. Time between pain assessment and analgesic offered in minutes (if applicable)

11. Which analgesics were given?
   □ None  □ Aspirin  □ Ibuprofen  □ Acetaminophen
   □ Codeine  □ Codeine with Aspirin  □ Codeine with Acetaminophen  □ Codeine with Ibuprofen
   □ Fentanyl  □ Hydromorphone
   □ Hydromorphone
   □ Ketorolac
   □ Mepivacaine IM or IV continuous IV  □ MSO4 IV bolus  □ MSO4 IM or SQ
   □ Oxycodone  □ Other (Define) __________

12. Were standing orders used for nursing administration of pain medication?
   ○ Yes   ○ No   ○ N/A

13. Was use of supportive care given and documented (i.e., ice, elevation, etc.)?
    ○ Yes   ○ No

14. Time of first reassessment after pain intervention
    Hour: _____ Minute: _____ AM/PM

15. Was documentation of pain reassessment noted at time of discharge or transfer?
    ○ Yes   ○ No

16. Did the patient report reduced pain based on the pain measurement used?
    ○ Yes   ○ No   ○ Unknown

17. Did discharge instructions include pain management?
    ○ Yes   ○ No