PEDIATRIC PAIN MANAGEMENT MONITOR FORM

RECORD NUMBER: ____

1. Age (if < lyr, enter months) Years:	2. Gender © Female © Male
Months:	
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) \circ Yes \circ N \circ	
6. Was there documentation that a pain scale was used in assessment of initial intensity of pain?	7. If no pain scale used, was a qualitative initial assessment of pain intensity documented?
CYes CNo	C Yes C No
8. Time of first pain assessment	9. Time first analgesic given (if applicable)
Hour: Minute: AM/PM	Hour: Minute: AM/PM
10. Time between pain assessment and analgesic offered in minutes (if applicable)	
11. Which analgesics were given?	
	buprofen 🗆 Acetaminophen
L L Codeme	Codeine with
☐ Fentanyl ☐ Hydrocodone ☐ I bitartrate	Hydromorphone
☐ Meperidine IM ☐ MSO4 or IV continuous IV	MSO4 IV bolus
□ Oxycodone □ Other (Define)	
12. Were standing orders used for nursing administration of pain medication?	13. Was use of supportive care given and documented (i.e., ice, elevation, etc?)
OYes ON∘ ON/A	C Yes C No
14. Time of first reassessment after pain intervention	15. Was documentation of pain reassessment noted at time of discharge or transfer?
Hour: Minute: AM/PM	C Yes C No
16. Did the patient report reduced pain based on the pain measurement used?	17. Did discharge instructions include pain management?
CYes CNo CUnknown	CYes CNo