

SURNAME:

NHI:

FIRST NAMES:

DATE OF BIRTH:

SEX:

Please attach patient label here

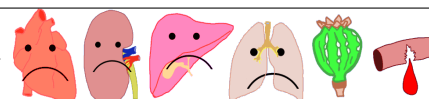
HAND-PRINT NAME HERE:

Analgesia safety checklist^{RTM}

Ward/Bed: _____

Problems: _____

Turn over to read the manual N



-	-200	:	<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N	rest:	PAIN/10 moving:	visit	min	complex pain <input type="checkbox"/> Y
regional	▷		OK: motor <input type="checkbox"/> Y <input type="checkbox"/> N pressure <input type="checkbox"/> Y <input type="checkbox"/> N level <input type="checkbox"/> Y <input type="checkbox"/> N site <input type="checkbox"/> Y <input type="checkbox"/> N			PCEA or PCA doses/tries/total		
day	std	0.25	peth	rate(ml/hr):	top-ups:	mobile?	<input type="checkbox"/> Y <input type="checkbox"/> N	
iv pca	morph	fent	tram	bolus:	lockout:	basal	<input type="checkbox"/> Y	
taking po	para	NSAID	tram	mor-phine $\frac{mg}{24h}$	short:	long:	metha-done $\frac{mg}{24h}$	ketamine ml/hr
<input type="checkbox"/> Y <input type="checkbox"/> N	TCA	gaba	mexil					problem? <input type="checkbox"/> Y <input type="checkbox"/> N
alerts	↓ BP	sedatn	nausea					initials
-	-200	:	<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N	rest:	PAIN/10 moving:	visit	min	complex pain <input type="checkbox"/> Y
regional	▷		OK: motor <input type="checkbox"/> Y <input type="checkbox"/> N pressure <input type="checkbox"/> Y <input type="checkbox"/> N level <input type="checkbox"/> Y <input type="checkbox"/> N site <input type="checkbox"/> Y <input type="checkbox"/> N			PCEA or PCA doses/tries/total		
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iv pca	morph	fent	tram	bolus:	lockout:	basal	<input type="checkbox"/> Y	
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<input type="checkbox"/> Y <input type="checkbox"/> N	TCA	gaba	mexil					problem? <input type="checkbox"/> Y <input type="checkbox"/> N
alerts	↓ BP	sedatn	nausea					initials
-	-200	:	<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N	rest:	PAIN/10 moving:	visit	min	complex pain <input type="checkbox"/> Y
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-	-200	:	<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> N	rest:	PAIN/10 moving:	visit	min	complex pain <input type="checkbox"/> Y
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<input type="checkbox"/> Y <input type="checkbox"/> N	TCA	gaba	mexil					problem? <input type="checkbox"/> Y <input type="checkbox"/> N
alerts	↓ BP	sedatn	nausea					initials

The whole manual in just 7 points!

1. **Red** means *bad* — **write notes** about this problem!
2. **Blue** is for IV, **Green** for oral, **yellow** for regionals.
3. **On each new page** (a) place a sticker, (b) *check and hand-print the patient's name*, and (c) rewrite the top 'Problems' section — things change!
4. **Read from left to right**, and top to bottom, as with a novel. Tick your choices ✓ (check). Avoid crosses, lines and circles.
5. **Check three things!** These are (1) the **date+time**, (2) your **initials** printed clearly and (3) whether you think the patient presents a **problem**. This approach allows us both to identify problem patients and examine clinician insight!
6. **Signal sick systems.** Tick one or more of the graphics of an unhappy heart, kidney, liver or lungs (See Fig 1). Tick the picture of an opium poppy (pod) if the patient is on long-term opiates, and tick the picture of a bleeding vessel if the patient has *any* bleeding tendency (hereditary, acquired or due to anticoagulants such as heparin or warfarin).

Figure 1: An example

The patient in the example has heart and kidney dysfunction, and complex pain but is pain-free on the epidural which is 'OK' apart from trouble with a pressure area (red N is ticked) which must be documented in the clinical notes. The patient is mobilising and is not on PCEA.

7. Other important things pain experts commonly choose to fill out are:

- (a) Pain scores at rest and on moving (VRS out of 10)
- (b) Relevant items in the regional, PCA and/or oral therapy sections including the regional **day** — day 0 is the day of surgery!
- (c) *Total dose* of oral morphine or methadone, counted from 8 am of the previous day until 7:59 am today.
- (d) Presence of a consultant, registrar and/or nurse: C R N

You will almost certainly want to read more about our form and its design — the manual is on the Intranet under **P** for pain.