McLAREN FLINT FLOW SHEET FOR PATIENT CONTROLLED ANAGLESIA (PCA) PUMP

Instructions:

- 1. Record in all pertinent categories every two hours times two upon initiation and then every four hours until PCA is discontinued.
- 2. Each new syringe requires a new flow sheet.
- 3. Clear total dose at end of each syringe.
- 4. Bolus dose to be given by R.N. only.
- 5. Total Dose: The amount of ML's used since initiation of this syringe
- 6. Injections and Attempts: Nurses evaluation of patients use of pump. Does not need to be documented.
- 7. ML's Left: Visible read at bottom of plunger.
- 8. Shift Totals: Record at end of shift the number of ML's used for that shift.
- 9. When discontinuing syringe:
 - a. Record amount of narcotic wasted on narcotic sheet.
 - b. Record amount wasted at bottom of flow sheet.
- 10. Complete entire line if patient transferred to another unit.
- 11. Record date, time, "patient transferred to ______".

LEVEL OF SEDATION

- 4 Wide awake
- 3 Drowsv
- 2 Dozing intermittently
- 1 Mostly sleeping
- 0 Only awakens when stimulated

	PAIN SCALE
0	No Pain
1-2	Min Pain
3-4	Mild Pain
5-6	Med Pain
7-8	Severe Pain
9-10	Extreme Pain

Date: _	ate: Medication:									Concentration:			
Time:	ne: New syringe added with up.									Signature:			
DATE	TIME	RESP. RATE	SEDATION LEVEL	PAIN SCALE	PCA		BASAL	BOLUS DOSE	TOTAL DOSE	ML's LEFT		SIGNATURE	
DATE	FINIC	HAIE	LEVEL	SCALE	DOSE	DELAT	BASAL	DOSE	DOSE	LEFI	TOTAL	SIGNATORE	
									-1.00				
												-	
NOTE: EACH SYRINGE MUST BE DISCONTINUED AFTER 24 HOURS.													
AMOUNT OF NARCOTIC WASTED SIGNATURES													

MR.#/RM.

DR.

PT.

McLAREN FLINT FLOW SHEET FOR PATIENT CONTROLLED ANAGLESIA (PCA) PUMP

Instructions:

- 1. Record in all pertinent categories every two hours times two upon initiation and then every four hours until PCA is discontinued.
- 2. Each new syringe requires a new flow sheet.
- 3. Clear total dose at end of each syringe.
- 4. Bolus dose to be given by R.N. only.
- 5. Total Dose: The amount of ML's used since initiation of this syringe
- 6. **Injections and Attempts:** Nurses evaluation of patients use of pump. Does not need to be documented.
- 7. ML's Left: Visible read at bottom of plunger.
- 8. Shift Totals: Record at end of shift the number of ML's used for that shift.
- 9. When discontinuing syringe:
 - a. Record amount of narcotic wasted on narcotic sheet.
 - b. Record amount wasted at bottom of flow sheet.
- 10. Complete entire line if patient transferred to another unit.
- 11. Record date, time, "patient transferred to _____".

LEVEL OF SEDATION

- 4 Wide awake
- 3 Drowsy
- 2 Dozing intermittently
- 1 Mostly sleeping
- 0 Only awakens when stimulated

	PAIN SCALE
0	No Pain
1-2	Min Pain
3-4	Mild Pain
5-6	Med Pain
7-8	Severe Pain
9-10	Extreme Pain

Date: _	e: Medication:								Concentration:			
Time:	New syringe added with up.								Signature:			
DATE	TIME	RESP. RATE	SEDATION LEVEL	PAIN SCALE	PCA DOSE	PCA DELAY	BASAL	BOLUS DOSE	TOTAL DOSE	ML's LEFT	SHIFT TOTAL	SIGNATURE
NOTE: EACH SYRINGE MUST BE DISCONTINUED AFTER 24 HOURS.												
AMOUNT OF NARCOTIC WASTED SIGNATURES												

PT.

MR.#/RM.

DR.