

PATIENT'S INFORMATION

(Please Stick Label)

ACUTE PAIN SERVICE DETAILS (DOWNTIME FORM)

Operation Details Operation Operatio	Patient and Proc	edures						
Operation	Weight		Date of OF	ρ	Locat	ion Q	T/o to Ward	Q,
Operation Oper	Operation Details							
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Outcomes				
Amount Drugs Used		Pain Score	Sedation Score	Complication
PCA		Arrival	Arrival	Pruritis
Morphine	mg	After 6 Hours	After 6 Hours	Nausea
Fentanyl	mcg	On Discharge	On Discharge	Vomiting
				Urinary Retention
Epidural				Muscle Weakness
Bupivacaine	mg			Giddiness
Fentanyl	mcg			Numbness
Other		mg/mcg		
Remarks		\$		
Follow Up				
Episode				
Visit Date				
Remark		\$		

Name:	Signature:
	0

Date & Time: _____