



UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES
SAIFAI, ETAWAH - 206130 (U.P.)

Department of Anaesthesiology
Acute Pain Service Enrolment Form

CR NO

--	--	--	--	--	--	--	--	--	--

Name:	Age / Sex:	Wt:	Date:
Surgery	Surgical Faculty		
Anaesthesia Faculty:	Anaesthesia Resident:		

Economic Status:	Poor <input type="checkbox"/>	Middle Class <input type="checkbox"/>	Affluent <input type="checkbox"/>	
Profession:				
Smoker	Non Smoker			
Education:	Illiterate	Literate	up to which class or degree of qualification <input type="checkbox"/>	
How sensitive patient is towards pain:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Does patient have tendency of vomiting:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Does patient undergone any surgery under anaesthesia earlier:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes! What was patient's experience regarding postoperative pain?	Poor <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
If Yes! What was patients's experience regarding PONV:	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>

To be filled by SR anaesthesia (OT)

Type of anaesthesia: GA/RA/GA+RA/Any other:	
Is the patient on any anti coagulants:	Details:
Catheter : Site:	Level:
When was APS started: Preoperatively/Intra operatively/Post operatively:	
Epidural catheter mark at the site of skin exit:	
Test dose:	
Intra operative drug used (name, dose, route):	
Type of APS: PCA/Continuous epidural infusion/PCEA/others (specify)	
Specific Instructions (in any):	

To be filled by APS team:

Day - 1:-

Time	Loading Dose	Background Infusion	Demands (Good/Bad)	Total Drug Used	Lockout interval	Other medications

NRS	2 hr	4 hr	8 hr	12hr	16hr	24hr	During Mobilisation

Problems/complication if any related to APS? Equipment malfunction/catheter migration/sedation/inadequate analgesia/Hypotension/nausea any other specify

Treatment given :

Day - 2:-

Time	Loading Dose	Background Infusion	Demands (Good/Bad)	Total Drug Used	Lockout interval	Other medications

NRS	2 hr	4 hr	8 hr	12hr	16hr	24hr	During Mobilisation

Problems/complication if any related to APS? Equipment malfunction/catheter migration/sedation/inadequate analgesia/Hypotension/nausea any other specify

Treatment given :

Day - 3:-

Time	Loading Dose	Background Infusion	Demands (Good/Bad)	Total Drug Used	Lockout interval	Other medications

NRS	2 hr	4 hr	8 hr	12hr	16hr	24hr	During Mobilisation

Problems/complication if any related to APS? Equipment malfunction/catheter migration/sedation/inadequate analgesia/Hypotension/nausea any other specify

Treatment given :

Catheter Removed on date:

Time:

Feedback:

Tip Intact:

Yes / No

Pls overall satisfaction as regards to pain relief following APS? Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>	
Would you like to be covered by the APS is subjected to surgery in future?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you recommend APS for others	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suggestion, if any for further improvement of APS	

Residents Signature with date