



Swydd Iechyd Prifysgol  
Aberystwyth a Morgannwg  
Llywodraeth Iechyd Cymru

Surname	Case No.
First Names	

### TPR, BP and Pain Assessment Chart

Date of Admission \_\_\_\_\_ / \_\_\_\_\_ 200\_\_

Date	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E		
12 Hourly	2	6	10	14	18	22	2	6	10	14	18	22	2	6	10	14	18	22	2	6	10	14	18	22
4 Hourly																								
Others																								

40																							
39																							
38																							
37.5																							
37																							
36.5																							
36																							
35																							
200																							
190																							
180																							
170																							
160																							
150																							
140																							
130																							
120																							
110																							
100																							
90																							
80																							
70																							
60																							
50																							
40																							
30																							

Date \_\_\_\_\_  
12 Hourly  
4 Hourly  
Others

TEMPERATURE °CELSIUS

200  
190  
180  
170  
160  
150  
140  
130  
120  
110  
100  
90  
80  
70  
60  
50  
40

Pulse per minute  
Blood Pressure mmHg

Respiration rate																							
O <sub>2</sub> Sats																							

PAIN SCORE																							
------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--


Behavioural Score																							
Sedation Score																							
N. & V. Score																							

0-1 yr < 16  
1-5 yrs < 12  
> 6yrs < 9

< 95%

2-3  
> 2  
4-5  
2-3

**PAIN SCORE**



**ORTHOPAEDIC OBS**

Colour																							
Warmth																							
Sensation																							
Movement																							

**N&V Scale**

No nausea	0
Nausea only	1
Hitching	2
Vomiting	3

**PEWS**

Cardio																							
Resp																							
Behavior																							
Score																							
C.R.T																							

**Sedation Scale**

Awake, alert & cooperative	0
Awake, little sleepy but still cooperative	1
Asleep, very sleepy & uncooperative	2
Unrousable	3

**ANALGESIA / SEDATION MEDICATION REMOTE FROM WARD**

**ACCIDENT AND EMERGENCY**

Date of Operation (s)

Date	Time	Medication given in Accident and Emergency	Dose	Route

**OP. THEATRE, RECOVERY, X RAY, ENDOSCOPY etc**

Please indicate if L.A. given e.g. surgical infiltr, peripheral or central blocks

Date	Time	Medication given in Theatre and Recovery

**WOUND SITE**

- E** ENT / Eyes
- #** Fracture
- B** Wound
- Skin loss / Burn / Abrasion
- G** Graft
- F** Flap

Drains  
IVI Site

--

**Daily Pain Audit**

<b>INITIAL PAIN SCORE</b> In the past 24 Hrs how bad has the pain been? 0 None 1 Mild 2 Moderate 3 Severe							
Which of the following best describes the length of time the pain? None of the time Some of the time Most of the time All of the time							
In the last 24 Hrs how much relief did you have from analgesics? No relief Little relief Medium relief Lot of relief Complete relief							
<b>Side effects</b> Nausea N Vomiting V Itching I Urinary retention UR Other (please specify)							