

RAAPM (REGIONAL ANESTHESIA  
ACUTE PAIN MANAGEMENT)  
INITIAL CONSULTATION or  
EVALUATION/MANAGEMENT NOTE

Requesting Service: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

Complaint/History:

Pain Location/Surgical or Injury Site:

PMH:

- CAD                     OSA  
 HTN                     CRI  
 CHF                     DM  
 COPD                 Neuro  
 Asthma                Opioid Use

PSH:

ROS:

- Dyspnea                     Other \_\_\_\_\_  
 Chest Pain  
 Chronic Pain  
 Numbness  
 Infection/Sepsis  
 Anticoagulation             All other systems reviewed and negative except as otherwise noted

Medications:

- None

Allergies:

- NKDA

Social history:

Family history:

Physical Examination: BP (Range) – \_\_\_\_\_ / \_\_\_\_\_ HR – \_\_\_\_\_/min RR – \_\_\_\_\_/min Wt – \_\_\_\_\_ kg

PAIN SITE:

QUALITY:

INTENSITY: (0-10) \_\_\_\_\_

HEART:

- RRR, no murmur, normal S1, S2  
 Other

LUNGS:

- Clear, BS=B  
 Other

NEURO:  Normal exam; otherwise note abnormality

Motor Strength

Sensory (Light touch)

UE \_\_\_\_\_

Face \_\_\_\_\_

LE \_\_\_\_\_

Trunk \_\_\_\_\_

OTHER EXAM:

MUSCULOSKELETAL:

- Normal mass, tone  
 FROM of joints without tenderness or pain  
 Other

Arms \_\_\_\_\_

Legs \_\_\_\_\_

Laboratory:

H/H –                    PT –                    sec    BUN –  
Plts –                    PTT –                    sec    Cr –  
                                  INR –

CATHETER INTERSPACE:

DISTANCE TO SPACE:

Assessment/Plan:

MARK AT SKIN:

\_\_\_\_\_  
Resident Physician Signature  
MR 02/06

\_\_\_\_\_  
Printed Name  
CHART COPY

\_\_\_\_\_  
Date

(OVER)

**PAIN CONTROL INITIAL CONSULTATION or EVALUATION/MANAGEMENT ATTENDING NOTE:**

Consultation or Evaluation/management was requested by Dr. \_\_\_\_\_/\_\_\_\_\_ for this patient. I have personally interviewed and examined the patient and reviewed the medical record. I have reviewed the history, review of systems, social history, physical examination, and other information as recorded by Dr. \_\_\_\_\_ and concur with his/her findings. The critical elements of the history, physical exam, diagnosis and medical decision-making are outlined below:

\_\_\_\_\_  
Attending Signature

\_\_\_\_\_  
Date

- Crews 4841
- Gerancher 4840
- Nagle 5603
- \_\_\_\_\_

Initial Evaluation/Management: (9923\_) 1 2 3

Initial Consultation: (9925\_) 1 2 3 4 5

verbal request for consultation