Patient Review Report

Parenteral Controlled Substance Record

for use with the Deltec CADD-Prizm® Pump Model 6100/6101

Patient _____ Room # _____

MD _____

Initial M.D. Order for PCA:

Drug: _____ **Concentration:** _____ **Lock level:** _____

Continuous infusion RATE (mg/hr, mcg/hr, or ml/hr) _____

Demand DOSE (mg, mcg, ml) _____ **Demand dose lockout** ____ **(hrs)** ____ **(min)**

Maximum DOSES/hr _____ **Reservoir Volume (ml)** _____

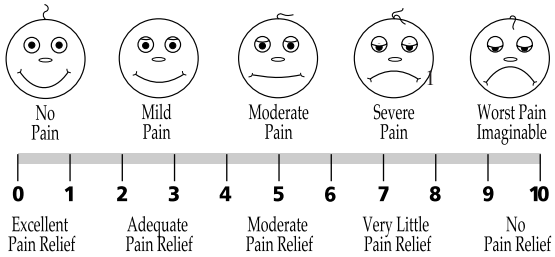
Date _____ **Start time** _____

Start a new sheet with each Medication Cassette reservoir

Read at the end of each shift, before changing reservoir, and at changes in prescription.

Current Date/ Time	**Review Start Time** Time/Date	**Res Vol** mls	**Units** mg mcg ml	**Concen-tration** mg/ml mcg/ml	**Rate** mg/hr mcg/hr ml/hr	**Demand Dose** mg mcg ml	**Demand Dose Lockout** hrs:min	**Max Doses Per Hour**	**Demand Dose** Given / Attmptd	**Clinician Bolus** Given / mg, mcg,ml Given	**Total** ml Given / mg, mcg Given	**Assessment** Pain *	Sedation **	Resp Rate	**Sign**

*** Pain Scale**



**** Sedation Scale**

1 = Wide awake, alert
2 = Drowsy, dozing intermittently
3 = Responds only to stimulation
Responses are not clear sentences

4 = Unable to respond at all

Deltec

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