|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date.**  **………………………** | **Time of discharge from recovery.**  **……………………..** | **CPR.**  **………………** | **Ward.**  **…………………..** | **Consultant.**  **……………………** | **Circle group.**  **A or B** | **Patient satisfaction with Pain relief 1-5** |
| **Time of 1st PCA dose**  **……………………..** | **Pain Scores 0-10**  **At Rest** | **On flexion of the knee 0-10** | **Sedation Scores** | **Morphine Consumption mgs** | **Nausea/Vomiting**  **Yes, or No** | **Comments:Rescue analgesia/Reviews/ pain complaints.** |
| **4 hours** |  |  |  |  |  |  |
| **6 hours** |  |  |  |  |  |  |
| **8 hours** |  |  |  |  |  |  |
| **12 hours** |  |  |  |  |  |  |
| **24 hours** |  |  |  |  |  |  |