

PAINOUTinfant process parameter questionnaire

Demographics

D1 Number: _____

(Fill in the number that is generated by the web-based application when you enter this data set into the mask)

D2 Gender: male female

D3 Age in years: 4 5 6 7 8 9
 10 – 12 13 – 14 15 – 16 17 – 18

D3.1 Weight: _____, _____ kg **D3.2 Height:** _____ cm

D4 Calendar week of OP: _____ /year _____ **D5 Post-op day:** 1 2 3 4 5

D6 Ward: _____

D7 OP-duration: OP-cut: _____:_____ OP-suture: _____:_____ not possible to obtain

D8 ASA status: 1 2 3 4 not possible to obtain

D9 Surgical procedure codes (ICD-9): not possible to obtain

D9.1: _____ **D9.2:** _____ **D9.3:** _____ **D9.4:** _____ **D9.5:** _____

D10 Inclusion of the patient not possible due to the following reason:

- Patient is on another ward
- Patient is absent / discharged
- Patient/parents do not wish to participate
- Patient/parents do not speak local language sufficiently
- Patient is confused/does not understand the questionnaire
- Patient is sedated/asleep (if yes, specify)
 - slightly sleepy
 - frequently sleepy/can easily be woken up
 - fast asleep, difficult to rouse
 - cannot be woken up
- Other reasons

D11 Did the patient receive opioids for the treatment of chronic pain before the current admission?

- yes no not possible to obtain

BLANK FIELDS

F1		
F2		
F3		
F4		

ANESTHESIA

N1 Topical analgesia	N2 Induction of anesth.	N5 Medication PONV prophyl.
<input type="checkbox"/> not possible to obtain	<input type="checkbox"/> not possible to obtain	<input type="checkbox"/> not possible to obtain
<input type="checkbox"/> EMLA cream	<input type="checkbox"/> intravenous	<input type="checkbox"/> Dexamethason
<input type="checkbox"/> Tetracaine gel	<input type="checkbox"/> inhalational (mask)	<input type="checkbox"/> DHB (Droperidol)
	<input type="checkbox"/> Rectal	<input type="checkbox"/> Dimenhydrinat (Vomex)
N3 Type of anesthesia	N4 If RA	<input type="checkbox"/> Granisetron
<input type="checkbox"/> not possible to obtain	<input type="checkbox"/> not possible to obtain	<input type="checkbox"/> Metoclopramid
<input type="checkbox"/> General anesthio (GA)	<input type="checkbox"/> neuraxial	<input type="checkbox"/> Ondansetron
<input type="checkbox"/> Regional anesthesia (RA)	<input type="checkbox"/> peripheral	<input type="checkbox"/> Tropisetron
<input type="checkbox"/> GA + RA	<input type="checkbox"/> both	<input type="checkbox"/> Other

PREMEDICATION

P1 Sedatives						<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO		IV	IM	Rectal	SC	
Chloral hydrate	<input type="checkbox"/>	mg	<input type="checkbox"/>	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg
Diazepam	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Midazolam	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
P2 Non-opioids						<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO		IV	IM	Rectal	SC	
Diclofenac	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Diclofenac/Orphenadrin	<input type="checkbox"/>		<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Ketoprofen	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Metamizol (Dipyrone)	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Paracetamol	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
P3 Opioids						<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO	CR	IV	IM	Rectal	SC	
Codeine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Nalbuphine	<input type="checkbox"/>		<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Oxycodone/Naloxone	<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>		
Pethidine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Piritramide			<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Sufentanil			<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
P4 Co-analgesics						<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO		IV	IM	Rectal	SC	
Clonidine	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>
Dexamethasone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>

INTRA-OPERATIVE

I1 Non-opioids						<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	IV		IM	Rectal	SC		
Diclofenac	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Diclofenac/Orphenadrine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>		<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Ketoprofen	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Metamizol	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Paracetamol	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
I2 Opioids						<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	IV		IM	Rectal	SC	Epidural	
Alfentanil	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Codeine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>
Hydromorphone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Nalbuphine	<input type="checkbox"/>		<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Oxycodone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Oxycodone/Naloxone	<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>		
Pethidine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Piritramide			<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Remifentanil	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg			
Sufentanil			<input type="checkbox"/>	µg	<input type="checkbox"/>		<input type="checkbox"/>
Tramadol	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
I3 Co-analgesics						<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	IV		IM	Rectal	SC	Epidural	
Clonidine	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>	µg	<input type="checkbox"/>
Dexamethasone	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>
I4 Local anesthesia / wound infiltration							
<input type="checkbox"/> yes		<input type="checkbox"/> no		<input type="checkbox"/> not possible to obtain			

RECOVERY ROOM

A1 Non-opioids							<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO		IV	IM	Rectal	SC		
Diclofenac	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Diclofenac/Orphenadrin			<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Ibuprofen	<input type="checkbox"/> mg			<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Ketoprofen	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Metamizol	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Paracetamol	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
A2 Opioids							<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO	CR	IV	IM	Rectal	SC	Epidural	
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Fentanyl	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg		<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nalbuphine			<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Oxycodone/Naloxone	<input type="checkbox"/> mg	<input type="checkbox"/>		<input type="checkbox"/> mg				
Pethidine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Piritramide			<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Remifentanyl	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Sufentanyl			<input type="checkbox"/> µg	<input type="checkbox"/> µg		<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
A3 Co-analgesics							<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO		IV	IM	Rectal	SC	Epidural	
Clonidine	<input type="checkbox"/> µg		<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Dexamethasone	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Ketamine	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
A4 Patient-controlled analgesia (PCA)							<input type="checkbox"/> not used	<input type="checkbox"/> not possible to obtain
<input type="checkbox"/> PCA-IV (intravenous)							<input type="checkbox"/> PCA-EA (Epidural)	<input type="checkbox"/> PCA-RA (regional)

WARD

S1 Non-opioids							<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO		IV	IM	Rectal	SC		
Diclofenac	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Diclofenac/Orphenadrin			<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Ibuprofen	<input type="checkbox"/> mg			<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Ketoprofen	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Metamizol	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
Paracetamol	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg		
S2 Opioids							<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO	CR	IV	IM	Rectal	SC	Epidural	
Codeine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Fentanyl	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg		<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Hydromorphone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Morphine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Nalbuphine			<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Oxycodone	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Oxycodone/(Naloxone)	<input type="checkbox"/> mg	<input type="checkbox"/>		<input type="checkbox"/> mg				
Pethidine	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg
Piritramide			<input type="checkbox"/> mg	<input type="checkbox"/> mg		<input type="checkbox"/> mg		
Remifentanyl	<input type="checkbox"/> µg	<input type="checkbox"/>	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Sufentanyl			<input type="checkbox"/> µg	<input type="checkbox"/> µg		<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Tramadol	<input type="checkbox"/> mg	<input type="checkbox"/>	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
S3 Co-analgesics							<input type="checkbox"/> none given	<input type="checkbox"/> not possible to obtain
Application	PO		IV	IM	Rectal	SC	Epidural	
Clonidine	<input type="checkbox"/> µg		<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg	<input type="checkbox"/> µg
Dexamethasone	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
Ketamine	<input type="checkbox"/> mg		<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	<input type="checkbox"/> mg	
S4 Patient-controlled analgesia (PCA)							<input type="checkbox"/> not used	<input type="checkbox"/> not possible to obtain
<input type="checkbox"/> PCA-IV (intravenous)							<input type="checkbox"/> PCA-EA (Epidural)	<input type="checkbox"/> PCA-RA (regional)

Which non-pharmacological therapy was given on the ward?

S5 Non-pharmacological therapy	<input type="checkbox"/> none	<input type="checkbox"/> not possible to obtain	
<input type="checkbox"/> Cooling	<input type="checkbox"/> Heat	<input type="checkbox"/> Positioning	<input type="checkbox"/> Other

Which regional analgesia (only catheter applications) was used since surgery?

S6 Regional analgesia	<input type="checkbox"/> not used	<input type="checkbox"/> not possible to obtain
<input type="checkbox"/> Neuraxial	<input type="checkbox"/> Peripheral	

Is there an individualized pain management order in the patient's file?

S7 Pain management order	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Is there documentation that pain assessment was carried out on the ward?

S8 Pain documentation	<input type="checkbox"/> yes	<input type="checkbox"/> no
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