Canterbury District Health Board
Te Poari Hauora ō Waitaha
Christchurch Hospital
Palliative Care Service

(Attach Label here or Complete Details)

NAME:_____ NHI:_____

GENDER: ____ DOB:_____ AGE:_____ WARD:_____

Intraspinal analgesia audit information

Insertion date: _____ Discharge date: _____

Date of removal/death: _____ Total days in use:_____

Catheter details

Intrathecal / Epidural (delete one) Catheter type :_____ Pump type: _____

Insertion: Midline / Paramedian Level: _____

Length of catheter in space (cm): _____ Total catheter length (cm): _____

Dead space volume: _____ mL ☐ Catheter ☐ Connection and filters ☐ Other: _____

Discharge: ☐ Home ☐ Hospice ☐ Private hospital ☐ Other: _____

Complications

New onset symptoms:	☐ Sedation	☐ Nausea	☐ Vomiting
	☐ Itching	☐ Urinary retention	☐ Myoclonus
	☐ Hypotension	☐ Headache	☐ Leg weakness
Infection:	☐ Subcutaneous	☐ Meningitis	☐ Epidural
Catheter problems:	☐ Occlusion	☐ Migration	☐ Disconnection
	☐ Breakage	☐ CSF leak	☐ Accidental removal
Pump problems:	☐ Pump failure	☐ Cassette failure	☐ Other: _____

Comments:

Therapy discontinuation: ☐ no longer required ☐ Ineffective ☐ Complication ☐ Deceased

Name	Designation	Signature	Date

INTRASPINAL AUDIT INFO C270128