

SIEMENS Soarian - Windows Internet Explorer
http://srcn0v1-tst.asp.siemensmedical.com/030205005_NOV1_vjdsq/dkLogon.pbe

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SIEMENS Soarian®

TEST, MARIANNE DOB: 07/01/1971(41y) ♀ Intensive Care Unit-ICU29


Allergies: (0) NKA Diagnosis: (0) ACCT#: 1311900005 MR#: 0001443254 Medical

Patient Record Clinical Summary CFS Charting Plan of Care Orders Visit

Entered / Revised by: Rafael Portal

Wong Baker/ Numeric

Evaluate using FLACC scale
Pain Reassessment



0 1 2 3 4 5 6 7 8 9 10

Do you have Pain Yes No
now? Yes No

	# 1	# 2
Intensity		
Location		
Onset		
Pattern		
Quality		
What makes it worse?		
Effect on ADLs		
Relieved By		
Other Relief		
Relieving Pain Med		
<input type="checkbox"/> Pain Education	Education Provided To	
	Type of Pain Education	

FLACC Scale

Face No Particular Expression or Smile
 Occasional Grimace or Frown, Withdrawn, Disinterested
 Frequent to Constant Frown, Quivering Chin, Clenched Jaw

Legs Normal Position or Relaxed
 Uneasy, Restless, Tense
 Kicking or Legs Drawn Up

Activity Lying Quietly, Normal Position, Moves Easily

Collected: 06/11/2013 10:53 Chatted for: []

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Allergies: (0) NKA Diagnosis: (0) ACCT#: 1311900005 MR#: 0001443254 Medical

Patient Record Clinical Summary CPS Charting Plan of Care Orders Visit

Pain Entered / Revised by: Rafael Portales

Pain Education Education Provided To: [dropdown]
Type of Pain Education: [dropdown]

FLACC Scale

Face: No Particular Expression or Smile
 Occasional Grimace or Frown, Withdrawn, Disinterested
 Frequent to Constant Frown, Quivering Chin, Clenched Jaw

Legs: Normal Position or Relaxed
 Uneasy, Restless, Tense
 Kicking or Legs Drawn Up

Activity: Lying Quietly, Normal Position, Moves Easily
 Squirming, Shifting Back and Forth, Tense
 Arched, Rigid, or Jerking

Cry: No Cry (Awaked or Asleep)
 Moans or Whimpers, Occasional Complaint
 Crying Steadily, Screams or Sobs, Frequent Complaints

Consolability: Content, Relaxed
 Reassured by Occasional Touching, Hugging, or Being Talked to, Distractible
 Difficult to Console or Comfort

FLACC Scale Total Score: [input]

Comments: [input]

Pain Reassessment

Reassessment Date/Time: [input]

#1 #2

Pain Response: [dropdown] [dropdown]

Intensity: [input]

Pain Scale Used: [dropdown]

Follow Up Action: [dropdown]

Comments: [input]

Collected: 06/11/2013 10:53 Charted for: [input]

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From: Owens, Cheryl
Sent: Tuesday, June 11, 2013 10:39 AM
To: Portales, Rafael
Subject: Re: pain scoring scale from Sorian

Can you please send me a hard copy of what this looks like or a screen shot? I want what Dr. Shu is looking at from Sorian-thanks-C