

# 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 anesthesio (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"/>		<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Sufentanil	<input type="checkbox"/>		<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"/>		
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"/>		<input type="checkbox"/>	mg	<input type="checkbox"/>		<input type="checkbox"/>
Remifentanil	<input type="checkbox"/>	mg	<input type="checkbox"/>	mg	<input type="checkbox"/>		
Sufentanil	<input type="checkbox"/>		<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?**

<b>S5 Non-pharmacological therapy</b>	<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?**

<b>S6 Regional analgesia</b>	<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?**

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

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