



KAISER PERMANENTE

LABOR & DELIVERY PAIN MANAGEMENT INPATIENT NURSING QUALITY INDICATORS

Kaiser Member Card Imprint

Please Use Blue or Black Ink

FACILITY

SERVICE

UNIT NAME

COST CENTER

SHIFT: DAY EVENING NIGHT

Reviewer: _____

Date: / /

WHO TO REVIEW: Delivered patients, who have experienced labor in labor and delivery, may be included in the survey
WHEN TO REVIEW: Interview patients before transfer to post partum unit

		YES COMPLETELY	YES SOMEWHAT	NO	NOT NEEDED
CHART REVIEW	1. Was patient's 'acceptable level of pain' or 'comfort zone' assessed and documented upon admission?	<input type="radio"/>		<input type="radio"/>	
	2. Did you receive the education and information you needed regarding your options for managing your labor pain...				
PATIENT INTERVIEW	a) Before being admitted to Labor and Delivery?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b) During labor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	3. Regarding the nursing care provided to you during your labor, both drug and non-drug measures:				
	a) Were you satisfied with nursing comfort measures (i.e. positioning, breathing techniques) you received during labor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	b) If applicable, do you think you received anesthesia in a timely manner during labor?	Yes <input type="radio"/>		No <input type="radio"/>	N/A <input type="radio"/>
	c) If applicable, do you think you received pain medicine in a timely manner during labor?	Yes <input type="radio"/>		No <input type="radio"/>	N/A <input type="radio"/>
	4. Overall were you satisfied with your pain management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

