Facility:

PCA (Patient Controlled Analgesia) (ADULT)

PCA Management Guidelines

(For detailed information regarding PCA prescribing and management refer to local hospital PCA policy)

- **Observations** on this form to be recorded hourly for 6 hours, then second hourly or more frequently if patient’s clinical condition warrants.

- **PCA pump settings** to be checked at the commencement of each shift, on patient transfer and when the syringe or bag is changed.

- **No other opioids or sedatives** to be administered unless ordered by the Acute Pain Service or equivalent medical officer.

- **A dedicated PCA giving set** with anti-reflux and anti-siphon device must be used.

- **Only the patient may use the PCA button.**

Managing Adverse Effects

- **Pruritus or persistent nausea or vomiting:** Administer PRN medication as prescribed on the patient’s National Inpatient Medication Chart. If adverse effect continues contact the Acute Pain Service or equivalent medical officer.

- **Urinary retention:** Contact the patient’s surgical / medical team.

- **Constipation:** Prophylactic aperient therapy can be beneficial. Contact the patient’s surgical / medical team.

Neuraxial Opioid Single Dose (morphine) and PCA

- **Frequency of observations** on this form are to be recorded as indicated on prescription page then second hourly until 24 hours post administration even if the PCA has not been used or has been ceased.

- **Intravenous access** to be maintained for a minimum of 24 hours post administration of neuraxial opioid even if the PCA has been ceased. Some patient groups may be an exception from this requirement. Refer to local hospital PCA policy.

- **Pruritus** is more common when opioids are administered neuraxially. A medical officer may consider prescribing low dose IV naloxone on the patient’s National Inpatient Medication Chart.

- **Antihistamines for pruritus are generally ineffective and may contribute to sedation**

REFER TO YOUR LOCAL CLINICAL EMERGENCY RESPONSE SYSTEM (CERS) PROTOCOL FOR INSTRUCTIONS ON HOW TO MAKE A CALL TO ESCALATE CARE FOR YOUR PATIENT

APPROPRIATE CLINICAL CARE FOR PATIENTS WITH YELLOW ZONE OR RED ZONE OBSERVATIONS:

1. ENSURE OXYGEN THERAPY IS IN PROGRESS
2. REMOVE THE PCA BUTTON FROM THE PATIENT AND STOP BACKGROUND INFUSION IF IN PROGRESS
3. ENSURE THAT THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS CONTACTED

YELLOW ZONE RESPONSE

IF YOUR PATIENT HAS ANY YELLOW ZONE OBSERVATIONS YOU MUST FOLLOW THE YELLOW ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

RED ZONE RESPONSE

IF YOUR PATIENT HAS ANY RED ZONE OBSERVATIONS YOU MUST CALL FOR A RAPID RESPONSE (as per local CERS), FOLLOW THE RED ZONE RESPONSE INSTRUCTIONS ON THE NSW STANDARD OBSERVATION CHARTS AND INITIATE APPROPRIATE CLINICAL CARE AS STATED ABOVE

ACUTE PAIN SERVICE or equivalent medical officer CONTACT:

BUSINESS HOURS page/phone: OUT OF HOURS page/phone:
### PCA (Patient Controlled Analgesia) (ADULT)

**Prescription** is valid for a maximum of 4 days unless ceased earlier. Refer to local hospital policy for standardised PCA drug solutions.

#### Route

<table>
<thead>
<tr>
<th>Route</th>
<th>Primary drug</th>
<th>Amount (mg or microgram)</th>
<th>Diluent</th>
<th>Total volume</th>
<th>Primary drug Concentration (mg or microgram per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sodium chloride 0.9%</td>
<td></td>
<td>mL</td>
<td>per mL</td>
<td></td>
</tr>
</tbody>
</table>

**Additional drug**

<table>
<thead>
<tr>
<th>Amount (mg or microgram)</th>
<th>Diluent</th>
<th>Total volume</th>
<th>Primary drug Concentration (mg or microgram per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date:** Prescriber’s signature

**Print your name:**

**Contact:**

---

#### PCA PROGRAM:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>PCA bolus dose (mg or microgram)</th>
<th>Lockout interval (minutes)</th>
<th>Background infusion (mg or microgram per hr)</th>
<th>Prescriber’s signature</th>
<th>Print your name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescriber’s signature**

**Print your name:**

**Contact:**

---

#### PCA + NEURAXIAL OPIOID SINGLE DOSE (intrathecal or epidural).

If the patient has also been given a neuraxial opioid, complete the following:

**Observations to be recorded:**

- Hourly for 6 hours
- Hourly for 12 hours.

Then second hourly until 24 hours post administration even if PCA has not been used or has been ceased.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Drug</th>
<th>Route</th>
<th>Dose given (mg or microgram)</th>
<th>Prescriber’s signature</th>
<th>Print your name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescriber’s signature**

**Print your name:**

**Contact:**

---

#### NALOXONE:

**For sedation score 3 or when sedation score is 2 and respiratory rate less than or equal to 5 breaths per minute.** STOP PCA. Obtain urgent medical review. Commence resuscitation including administering prescribed naloxone (as below) until respirations greater than 10 breaths per minute and sedation score less than or equal to 2. Provide ventilatory assistance if required. (Recommended dosage up to 100 microgram, x4 every 2-3 minutes).

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug (Print ‘naloxone’)</th>
<th>Route</th>
<th>Dose (microgram)</th>
<th>Number of doses</th>
<th>Frequency (minutes)</th>
<th>Prescriber’s signature</th>
<th>Print your name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Prescriber’s signature**

**Print your name:**

**Contact:**

---

#### OXYGEN:

**O₂ flow rate:** _____ L per minute via □ nasal prongs □ face mask

if needed to maintain SpO₂ range from _____ % to _____ %

**Signature**

**Name**

See medical record for clinical management of patients who have different oxygen requirements.

**PCA to be ceased** according to instructions on the medical record: **Date:** ___________ **Time:** ___________
PCA (Patient Controlled Analgesia) (ADULT)

Record of PCA syringe / bag administration and drug discarded

<table>
<thead>
<tr>
<th>Record of PCA bag or syringe administration</th>
<th>Record of PCA drug discarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Record of naloxone administered

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Dose</th>
<th>Signature 1</th>
<th>Signature 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PCA (Patient Controlled Analgesia) (ADULT)

<table>
<thead>
<tr>
<th>PAIN SCORE</th>
<th>Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe pain</td>
<td>10</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>9</td>
</tr>
<tr>
<td>Mild pain</td>
<td>8</td>
</tr>
<tr>
<td>No pain</td>
<td>7</td>
</tr>
</tbody>
</table>

Sedation

<table>
<thead>
<tr>
<th>Sedation</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to rouse or unresponsive</td>
<td>3</td>
</tr>
<tr>
<td>Constantly drowsy, unable to stay awake</td>
<td>2</td>
</tr>
<tr>
<td>Easy to rouse</td>
<td>1</td>
</tr>
<tr>
<td>Wide awake</td>
<td>0</td>
</tr>
</tbody>
</table>

Airway / Breathing

<table>
<thead>
<tr>
<th>Respiratory Rate</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 35</td>
<td>35</td>
</tr>
<tr>
<td>- 30</td>
<td>30</td>
</tr>
<tr>
<td>- 25</td>
<td>25</td>
</tr>
<tr>
<td>- 20</td>
<td>20</td>
</tr>
<tr>
<td>- 15</td>
<td>15</td>
</tr>
<tr>
<td>- 10</td>
<td>10</td>
</tr>
<tr>
<td>- 5</td>
<td>5</td>
</tr>
</tbody>
</table>

Oxygen

<table>
<thead>
<tr>
<th>Oxygen Device / mode</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>O₂Lpm</td>
<td>0,1Lpm</td>
</tr>
</tbody>
</table>

Nausea or vomiting

<table>
<thead>
<tr>
<th>Nausea or vomiting</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

PCA DELIVERY

<table>
<thead>
<tr>
<th>Total primary PCA dose (cumulative)</th>
<th>mg</th>
<th>microgram</th>
<th>mL (Circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background infusion rate (hourly)</td>
<td>mg</td>
<td>microgram</td>
<td>mL (Circle one)</td>
</tr>
<tr>
<td>Two initials required for change of PCA program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCA program checked (initial)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS

INITIAL:
Facility: PCA (Patient Controlled Analgesia) (ADULT)

All observations must be graphed

Complete all details or affix patient label here

Date

Time

PAIN SCORE

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

- **Severe pain:**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

- **Moderate pain:**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

- **Mild pain:**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

- **No pain:**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1
  - 0

SEDATION

- Difficult to rouse or unresponsive
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10

- Constantly drowsy, unable to stay awake
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10

- Easy to rouse
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10

- Wide awake
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10

AIRWAY / BREATHING

Respiratory Rate

- 5
- 10
- 15
- 20
- 25
- 30
- 35

Oxygen

- 0.1 Lpm
- 1 Lpm
- 2 Lpm
- 3 Lpm
- 4 Lpm
- 5 Lpm
- 6 Lpm
- 7 Lpm
- 8 Lpm
- 9 Lpm
- 10 Lpm
- 11 Lpm
- 12 Lpm
- 13 Lpm
- 14 Lpm
- 15 Lpm
- 16 Lpm
- 17 Lpm
- 18 Lpm
- 19 Lpm
- 20 Lpm
- 21 Lpm
- 22 Lpm
- 23 Lpm
- 24 Lpm
- 25 Lpm
- 26 Lpm
- 27 Lpm
- 28 Lpm
- 29 Lpm
- 30 Lpm
- 31 Lpm
- 32 Lpm
- 33 Lpm
- 34 Lpm
- 35 Lpm

Nausea or vomiting

- Yes
- No

PCA DELIVERY

- Total primary PCA dose (cumulative)
  - mg
  - microgram
  - mL

- Background infusion rate (hourly)
  - mg
  - microgram
  - mL

- Two initials required for change of PCA program

- Attempts
- Successful

PCA program checked (initial)

- Once per shift, on patient transfer or change of PCA program

COMMENTS

INITIAL:
PCA (Patient Controlled Analgesia) (ADULT)

Altered Calling Criteria

ALL OBSERVATIONS MUST BE GRAPHED

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

FAMILY NAME

GIVEN NAME

MRN

D.O.B. _____ / _____ / ______

M.O.

ADDRESS

LOCATION

Facility: PCA (Patient Controlled Analgesia) (ADULT)

Holes Punched as per AS2828.1: 2012

NO WRITING

DATE

TIME

PAIN SCORE

Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

<table>
<thead>
<tr>
<th>Severe pain</th>
<th>Moderate pain</th>
<th>Mild pain</th>
<th>No pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

SEDATION

<table>
<thead>
<tr>
<th>Difficult to rouse or unresponsive</th>
<th>Constantly drowsy, unable to stay awake</th>
<th>Easy to rouse</th>
<th>Wide awake</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

AIRWAY / BREATHING

Respiratory Rate

<table>
<thead>
<tr>
<th>-35</th>
<th>-30</th>
<th>-25</th>
<th>-20</th>
<th>-15</th>
<th>-10</th>
<th>-5</th>
</tr>
</thead>
</table>

Oxygen

O2Lpm

Key: RA = Room air, NP = Nasal prongs, FM = Simple face mask, NRB = Non-rebreather, VM = Venturi mask

Nausea or vomiting

Yes

No

PCA DELIVERY

Total primary PCA dose (cumulative)

mg microgram or mL (Circle one)

Background infusion rate (hourly)

mg microgram or mL (Circle one)

Two initials required for change of PCA program

Attempts

Successful

PCA program checked (initial)

Once per shift, on patient transfer or change of PCA program

COMMENTS

INITIAL:
Facility: PCA (Patient Controlled Analgesia) (ADULT)

Holes Punched as per AS2828.1: 2012

Nausea or vomiting

PCA DELIVERY

Total primary PCA dose (cumulative) mg microgram or mL (Circle one)

Background infusion rate (hourly) mg microgram or mL (Circle one)

Two initials required for change of PCA program

Attempts

Successful

PCA program checked (initial) Once per shift on patient transfer or change of PCA program

COMMENTS

INITIAL:
PCA (Patient Controlled Analgesia) (ADULT)

<table>
<thead>
<tr>
<th>Facility:</th>
<th>PCA (Patient Controlled Analgesia) (ADULT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altered Calling Criteria</td>
<td></td>
</tr>
<tr>
<td>ALL OBSERVATIONS MUST BE GRAPHED</td>
<td></td>
</tr>
<tr>
<td>COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
</table>

**PAIN SCORE**  
Assess pain both at rest and with relevant movement. Document “R” for rest and “M” for movement.

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe pain</td>
<td>10</td>
</tr>
<tr>
<td>Moderate pain</td>
<td>5</td>
</tr>
<tr>
<td>Mild pain</td>
<td>2</td>
</tr>
<tr>
<td>No pain</td>
<td>0</td>
</tr>
</tbody>
</table>

**SEDATION**

<table>
<thead>
<tr>
<th>Sedation Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to rouse or unresponsive</td>
<td>3</td>
</tr>
<tr>
<td>Constantly drowsy, unable to stay awake</td>
<td>2</td>
</tr>
<tr>
<td>Easy to rouse</td>
<td>1</td>
</tr>
<tr>
<td>Wide awake</td>
<td>0</td>
</tr>
</tbody>
</table>

**AIRWAY / BREATHING**

<table>
<thead>
<tr>
<th>Respiratory Rate</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

**Oxygen**

<table>
<thead>
<tr>
<th>Oxygen Device / Mode</th>
<th>Device / Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA = Room air</td>
<td>0 Lpm</td>
</tr>
<tr>
<td>NP = Nasal prongs</td>
<td>0 Lpm</td>
</tr>
<tr>
<td>FM = Simple face mask</td>
<td>0 Lpm</td>
</tr>
<tr>
<td>NRB = Non-rebreather</td>
<td>0 Lpm</td>
</tr>
<tr>
<td>VM = Venturi mask</td>
<td>0 Lpm</td>
</tr>
</tbody>
</table>

**Nausea or vomiting**  
Yes  
No

**PCA DELIVERY**

<table>
<thead>
<tr>
<th>Total primary PCA dose (cumulative)</th>
<th>mg microgram or mL (Circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background infusion rate (hourly)</td>
<td>mg microgram or mL (Circle one)</td>
</tr>
<tr>
<td>Two initials required for change of PCA program</td>
<td></td>
</tr>
</tbody>
</table>

**Attempts**

| Successful | |

**PCA program checked (initial)**

Once per shift, on patient transfer or change of PCA program

**COMMENTS**

**INITIAL:**

---

**Facility:** PCA (Patient Controlled Analgesia) (ADULT)

**Date and Time:**

**PAIN SCORE**

- Severe pain: 10
- Moderate pain: 5
- Mild pain: 2
- No pain: 0

**SEDATION**

- Difficult to rouse or unresponsive: 3
- Constantly drowsy, unable to stay awake: 2
- Easy to rouse: 1
- Wide awake: 0

**AIRWAY / BREATHING**

- Respiratory Rate: 35, 30, 25, 20, 15, 10, 5

**Oxygen**

- Oxygen Device / Mode: RA (Room air), NP (Nasal prongs), FM (Simple face mask), NRB (Non-rebreather), VM (Venturi mask)

**Nausea or vomiting:**

Yes

**PCA DELIVERY**

- Total primary PCA dose (cumulative)
- Background infusion rate (hourly)
- Two initials required for change of PCA program

**Attempts**

Successful

**PCA program checked (initial)**

Once per shift, on patient transfer or change of PCA program

**COMMENTS**

**INITIAL:**