Holes Punched as per AS2828.1: 2012 BINDING MARGIN - NO WRITING

	FAMILY NAME	MRN							
NSW GOVERNMENT Health	GIVEN NAME	☐ MALE ☐ FEMALE							
Facility:	D.O.B/ M.O.								
	ADDRESS								
PCA (Patient Controlled Analgesia)									
(ADULT)	LOCATION / WARD								
· - /	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE								

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 antireflux 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 <u>low dose</u> 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:

- 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 <u>MUST</u> CALL FOR A RAPID RESPONSE (as per local CERS), FOLLOW THE RED ZONE RESPONE 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:

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Page 2 of 8 NO WRITING



		FAMILY NAME	MRN							
NSW GOVERNMENT Health		GIVEN NAME	☐ MALE ☐ FEMALE							
Facility:		D.O.B// M.O.								
		ADDRESS								
	PCA (Patient Controlled Analgesia)									
	(ADULT)	LOCATION / WARD								
	, ,	COMPLETE ALL DETAILS OF AFELY PATIENT LABEL HERE								

Record of PCA syringe / bag administration and drug discarded

F	Record o	f PCA ba	ag or sylation	ringe	Record of PCA drug discarded										
	Date	Time	Signature 1	Signature 2	Date	Time	Total discarded drug (mL, mg or microgram)	Signature 1	Signature 2						
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			Record of naloxone administered											
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NSW GOVERNMEN	Health						GIVEN NAME									☐ MALE ☐ FEMA				
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PCA (Patient Controlled Analgesia) (ADULT)								ADDRESS												
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PCA	(Patient Cont	rolled	Ana	laes	sia)	ADDF	RESS											
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	8 7																8	
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Nause	ea or vomiting	Yes		,		, p. c.	95,				,,,,,,,,,,							
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PCA program checked (initial) Once per shift, on patient transfer or change of PCA program																		
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						FAMILY NAME								MRN					
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Facility:						D.O.B// M.O.													
PCA (Patient Controlled Analgesia)						ADDRESS													
(ADULT)																			
Altered Calling Criteria							LOCATION												
ALL OBSERVATIONS MUST BE GRAPHED							COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE												
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PAIN	SCORE A	ssess pain both	at res	t and \	with re	levant	move	ment.	Docu	ment	"R" f	or res	t and	"M" fo	or mo	vemer			
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Constantly drowsy, unable to stay awake 2 Easy to rouse 1												Ť			2				
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AIRWAY / BREATHING	Respiratory Rate	- 35 -															- 35		
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	Oxygen	O ₂ Lpm															O ₂ Lpm		
		Device / mode Key: RA = I	Room	air. NP	= Nas	al pror	nas. FN	1 = Sin	nole fa	ce mas	k. NR	B = No	n-rebr	eather.	VM = '	Ventur	Device / mode i mask		
Nauso	a or vomiting	Yes					J., 4				,								
No No																			
PCA DELIVERY																			
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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																			
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