NSW GOVERNMENT | Health

Facility:

PCA (Patient Controlled Analgesia) (ADULT)

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SMR130025

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 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 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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BINDING MARGIN - NO WRITING

NH606622 080421

Attach ADR Sticker

ALLERGIES & ADVERSE DRUG REACTIONS (ADR) ☐ Nil known ☐ Unknown (tick appropriate box or complete details below)		
Drug (or other)	Reaction/Type/Date	Initials

Sign.....Print.....Date.....

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O. NOT A VALID
ADDRESS	PRESCRIPTION UNLESS
	IDENTIFIERS PRESENT
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct:
.....

Pain specialist referral
Referring doctor name: .....
Signature: .....
Date: .....

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	Primary drug	Amount (mg or microgram)	Diluent	Total volume	Primary drug Concentration (mg or microgram per mL)
			Sodium chloride 0.9%	mL	per mL
	Additional drug	Amount (mg or microgam)			

Date:	Prescriber's signature	Print your name:	Contact:	Pharmacy

PCA PROGRAM:

Date	Time	PCA bolus dose (mg or microgram)	Lockout interval (minutes)	Background infusion (mg or microgram per hr)	Prescriber's signature	Print your name	Contact
		= mL	minutes	= mL per hr			
		= mL	minutes	= mL per hr			
		= mL	minutes	= mL per hr			

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* *OR* ☐ *Hourly for 12 hours.*
Then second hourly until 24 hours post administration even if PCA has not been used or has been ceased.

Date	Time	Drug	Route	Dose given (mg or microgram)	Prescriber's signature	Print your name	Contact

NALOXONE: For sedation score 3 <u>or</u> when sedation score is 2 <u>and</u> 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).

Date	Drug (Print 'naloxone')	Route	Dose (microgram)	Number of doses	Frequency (minutes)	Prescriber's signature	Print your name	Contact

OXYGEN:

O_2 flow rate: _____ L per minute via ☐ nasal prongs ☐ face mask

if needed to maintain SpO_2 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 _____

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Record of PCA syringe / bag administration and drug discarded

Record of PCA bag or syringe administration					Record of PCA drug discarded				
	Date	Time	Signature 1	Signature 2	Date	Time	Total discarded drug (mL, mg or microgram)	Signature 1	Signature 2
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Record of naloxone administered

	Date	Time	Route	Dose	Signature 1	Signature 2
1						
2						
3						
4						

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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															10
	9															9
	8															8
	7															7
Moderate pain	6															6
	5															5
	4															4
Mild pain	3															3
	2															2
	1															1
No pain	0															0

SEDATION

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

AIRWAY / BREATHING — Respiratory Rate	35															35
	30															30
	25															25
	20															20
	15															15
	10															10
	5															5
Oxygen	O_2 Lpm															O_2 Lpm
	Device / mode															Device / mode

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																

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INITIAL:																

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