

Summary of Revisions to the NSW Peripheral Nerve Infusion chart (adult) 2017

The NSW Peripheral Nerve Infusion chart (adult) has been revised. For detailed information regarding prescribing and management, refer to your local hospital Peripheral Nerve Infusion policy or procedure.

Catheter Insertion Information Page 3

Prompt/space provided for Medical officer or equivalent to document block initiation drug administered.

Block initiation drug administered

Block initiation drug administered:	Volume:	Time:	Medical officer or equivalent administering: (Signature and print name)
	mL		

Observation pages

Yellow Zone for pain scores 7 to 10 has been added to correlate with Between the Flags instructions. Where a patient scores their pain 7 or above, the nurse must assess the current clinical pain management plan for the patient considering:

- Have pain scores previously been in the White Zone (0 to 6)?
- Have additional prescribed analgesics been administered?
- Has the patient been reviewed by the Acute Pain Service or equivalent Medical officer?

The assessing nurse may need to consult with the NURSE IN CHARGE to decide whether a CLINICAL REVIEW (or other CERS – Clinical Emergency Response) call should be made.

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
No pain	1																1
	0																0

Yellow Zone added for Motor Block assessment 'Unable to move feet or knees'. For a patient who has a block/infusion which may affect the lower limbs and where they are unable to move their feet or knees, the nurse must assess the clinical pain management plan for the patient considering: Have motor block assessment previously been in the White Zone? Is the treating team and/or the Acute PAIN Service or equivalent medical officer aware of the patient's inability to move their feet or knees? The assessing nurse may need to consult with the NURSE IN CHARGE to decide whether a CLINICAL REVIEW (or other CERS – Clinical Emergency Response) call should be made.