22 March 2024

Audit tool: Weight-based PCA pump - paediatric PCA or NCA chart [SMR130.031]

For each weight-based paediatric PCA or NCA chart [SMR130.031] audited, answer the following questions using:

**1 = item is correct X = item is incorrect or missing NA = not applicable, not used**

|  |  |
| --- | --- |
| **1** | **Page 2: Allergies, adverse drug reactions and (ADR) and PCA prescription** |
|  | Patient identification present and correct (handwritten or label) |  |
|  | Allergy and ADR section completed in full |  |
|  | Weight |  |
|  | Date weighed |  |
|  | Prescription: box for PCA or NCA ticked |  |
|  | Route |  |
|  | Drug |  |
|  | Amount |  |
|  | Drug concentration |  |
|  | Date |  |
|  | Prescriber’s signature |  |
|  | Printed name legible |  |
|  | Contact |  |
| **2** | **Page 2: Program for a weight-based PCA pump** |
|  | Dosing weight documented |  |
|  | Date |  |
|  | Time |  |
|  | PCA bolus dose (microg/kg, 1mg or 20 microg) |  |
|  | Lockout interval |  |
|  | Background infusion (microgram/hr or mg/hr or NIL)  |  |
|  | Prescriber’s signature |  |
|  | Printed name legible |  |
| **3** | **Page 2: Naloxone prescription** |
| Mark “1” if **NOT** prescribed |  |
|  | Date |  |
|  | Route |  |
|  | Dose  |  |
|  | Frequency |  |
|  | Max PRN dose/24 hrs |  |
|  | Dose calculation |  |
|  | Prescriber’s signature |  |
|  | Printed name legible |  |
|  | Contact |  |
| **4** | **Page 2: PCA ceased** |
|  | PCA to be ceased section completed |  |
| **5** | **Page 3: PCA administration** |
|  | Patient identification present and correct |  |
|  | Date |  |
|  | Time |  |
| **6** | **Page 3. PCA discard** |
|  | Date |  |
|  | Time |  |
|  | Volume discarded |  |
|  | Signatures x 2 |  |
| **7** | **Page 3: Naloxone administration** |
| Mark “1” if **NOT** administered |  |
|  | Date |  |
|  | Time |  |
|  | Route |  |
|  | Dose |  |
|  | Signatures x 2 |  |
| **8** | **Pages 4-8: Observation pages** |
|  | Patient identification on all completed pages |  |
|  | PCA/NCA observations recorded hourly |  |
|  | Pain scale used identified |  |
|  | Pain scores “R” rest, “M” movement |  |
|  | Sedation scores |  |
|  | Total primary PCA dose |  |
|  | Background infusion rate *(if used)* |  |
|  | Total demands |  |
|  | Successful demands |  |
|  | PCA program checked (initial) |  |
|  | Nausea or vomiting |  |
|  | Pruritus |  |
|  | Nurse initial |  |
|  | Program changes: two initials |  |
| **9** | **Pages 4-8. Blue, Yellow and Red Zones** |
| Mark “1” if **NO** observations in Blue, Yellow or Red Zones |  |
|  | **Pain score in Yellow Zone**Appropriate action has been taken |  |
|  | **Sedation score in Blue Zone** Appropriate action has been taken |  |
|  | **Sedation score in Yellow Zone**Appropriate action has been taken |  |
|  | **Sedation score in Red Zone**Appropriate action has been taken |  |

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