

NOT TO BE GIVEN TO DESIGNATION OF NURSE – MUST BE RETAINED BY CLINICAL NURSE EDUCATOR

ORGANISATIONS NAME _____

NAME: _____

CLINICAL COMPETENCY ASSESSMENT GUIDE (Designation of Nurses)

WARD/UNIT: _____

UNIT OF COMPETENCY: Patient Controlled Analgesia (Registered Nurses)

ASSESSOR: _____

ELEMENTS (Expected Performance)	PERFORMANCE CRITERIA (Critical Aspect/s)	ACTUAL PERFORMANCE	QUESTION	EXPECTED RESPONSE	Y/N	COMMENTS
<p>1. The RN demonstrates an understanding of PCA theory</p>	<p>1.1 Identifies the routes of administration of PCA 1.2 Identifies the mechanism of action of PCA 1.3 Lists the advantages of PCA use 1.4 Outlines the features of PCA which improve patient safety 1.5 Correctly identifies the pre-requisites for successful PCA use 1.6 Identifies clinical circumstances where PCA use is inappropriate 1.7 Correctly identifies at risk patient populations using PCA</p>		<p>Q1. What are the routes of administration of PCA? Q2. How does PCA work? Q3 What are the advantages of PCA? Q4 What helps to prevent the patient from overdosing on PCA? Q5 What are the prerequisites for successful PCA use? Q6 When would you not give a patient a PCA? Q7 Which patients need closer observation when using PCA?</p>	<p>A1. IV, SC, epidural, intrathecal, intranasal A2 Maintains the serum concentration of the opiate at a therapeutic level A3 Patient control, allows for interpatient variation in opioid requirement A4 The lockout interval, the patient being the only one to press the button, not administering concurrent opioids or sedatives A5 The physical ability to press the button, the mental capacity to understand the use of the device and patient education A6 If they were confused or couldn't understand how to use the pump or if they were unable to physically press the button</p>		

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				<i>A7 The morbidly obese, the very young, the aged, those with obstructive sleep apnoea</i>		
2. The RN demonstrates safe set up and programming of the PCA pump	<p>2.1 Correctly sets up a PCA infusion system / giving set</p> <p>2.2 Follows legislative requirements when preparing S8 medication</p> <p>2.3 Correctly loads the PCA syringe / cassette into pump</p> <p>2.4 Accurately programs a standard protocol into the PCA pump</p> <p>2.5 Correctly modifies a standard protocol and programs the pump correctly</p> <p>2.6 Completes the required documentation related to commencement of PCA</p> <p>2.7 States the required frequency of syringe and line change.</p>		<p>Q1 What features need to be included in the giving set for patients with PCA?</p> <p>Q2 Can an endorsed EN check a PCA syringe and program with you?</p> <p>Q3 Please program a fentanyl PCA with a concentration of 10 mcg per ml , a bolus dose of 10 mcg, a lockout interval of 5 minutes and no continuous rate</p> <p>Q4 Please program a morphine PCA with a concentration of 1 mg per ml, a bolus dose of 2mg, a lockout interval of 7 minutes with a continuous infusion of 0.5 mgs per hour.</p> <p>Q5 How often do you need to change the PCA syringe and giving set?</p>	<p><i>A1. Antisyphon and an antireflux valve</i></p> <p><i>A2 No</i></p> <p><i>A3 RN correctly sets up an IV giving set, programs the PCA and fits a syringe</i></p> <p><i>A4 RN correctly programs and modifies morphine protocol</i></p> <p><i>A5 Syringe changes every 24 hours and line change every 48 – 72 hours.</i></p>		
3. The RN identifies the potential side effects and complications arising from PCA use	<p>3.1 Lists the possible side effects of opiate analgesia</p> <p>3.2 Identifies the potential mechanical complications arising from PCA use</p> <p>3.3 Lists the human error complications which may arise from PCA use</p>		<p>Q1. What are the side effects and complications arising from opioid administration?</p> <p>Q2 What is the first sign of impending respiratory</p>	<p><i>A1. Increased level of sedation, respiratory depression, nausea and vomiting, itch, urinary retention, constipation, sweating, euphoria, dysphoria</i></p> <p><i>A2 An increasing level of sedation</i></p>		

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			<p>depression with opioid administration?</p> <p>Q3 What are the potential or possible mechanical side effects or complications arising from PCA use?</p> <p>Q4 What human error complications can occur with PCA?</p>	<p>A3 IV extravasation, disconnection or giving set or button, pump malfunction, battery failure</p> <p>A4 Someone other than the patient pushing the button; prescription error; programming error; connection / set up error; failure to identify impending respiratory depression.</p>		
<p>4. The RN outlines the nursing and medical management of PCA side effects and complications</p>	<p>4.1 Outlines the management (nursing and medical) of opioid induced side effects and complications</p> <p>4.2 Identifies safe practice principles and practices which help to reduce the incidence of human error related side effects / complications</p> <p>4.4 Outlines the course of action to be taken if the patient reports increased pain</p>		<p>Q1. What would you do if your patient on a PCA had a sedation score of 2?</p> <p>Q2 What is the reversal agent for opioids and what's the usual adult dose?</p> <p>Q3 Where do you find naloxone?</p> <p>Q4 Where would you find standing orders for the</p>	<p>A1. Remove the handpiece from the patients use until their sedation score was <2.</p> <p>A2 Naloxone 400 mcg per ml Imde up to a total volume of 4 mls with 0.9% sodium chloride and given in 1 mL (100 mcg) IVI increments every 3-5 minutes until the patients respiratory effort / rate improved and their sedation score was <2.</p> <p>In the drug cupboard or on the emergency trolley</p> <p>A4 On the back of the PCA prescription</p>		

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			<p>management of nausea and vomiting with PCA?</p> <p>Q5 What's safe practice when caring for a patient on PCA?</p> <p>Q6 What should you do if your patient on a PCA reports severe pain?</p>	<p>A5 Check the PCA prescription against the pump program at the start of each shift and whenever a syringe change is made.</p> <p>A6 Check the patency of the IV, that the PCA is connected and programmed correctly, and that the patient understands the use of the pump. If these are OK, check for patient complications such as urinary retention, wound haematoma, constricting plaster etc</p>		
<p>5. The RN outlines the observations required for patients using PCA</p>	<p>5.1 Correctly states the required frequency of PCA observations</p> <p>5.2 Identifies the first sign of respiratory depression</p> <p>5.3 Demonstrates an understanding of the sedation score and outlines patient management for each score</p>		<p>Q1 How often are you required to perform PCA obs and what do they consist of?</p>	<p>A1 Temperature, pulse, respiratory rate, sedation score, pulse oximetry, pain score (rest and movement)</p> <p>demands:good, volume remaining in syringe, cumulative total hourly for 8 hours, second hourly for 8 hours then 4th hourly for the duration of the infusion (more frequently if patients condition warrants it, or if requested by the anaesthetist.</p> <p>If a program parameter is changed, observations are the same as after initial commencement</p> <p>A2 An increasing level of</p>		

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			<p>Q2 What is the first sign of impending respiratory depression?</p> <p>Q3 What is the sedation scoring system and what is the patient management for each score?</p>	<p><i>sedation</i></p> <p>A3 <i>Sedation score 0 = patient awake (no action required, continue to observe); Sedation score 1 = slightly drowsy but easily roused (no action required, continue to observe)</i> <i>Sedation score 2 = moderate, constantly or frequently drowsy (eg falls asleep during conversation) but easily roused (remove handpiece from patients use until sedation score 1, closely observe)</i> <i>Sedation score 3 = severe drowsiness, somnolent, difficult to rouse (remove PCA handpiece, stop any opiate infusion, oxygen via face mask at 6 litres per minute, maintain airway, administer naloxone, notify Pain Service or Anaesthetist. S = sleeping ie deep, regular respirations of good quality and patient easily woken (no action required, continue to observe)</i></p>		
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ASSESSMENT DECISION

Assessment Decision: Competent Not Yet Competent

Action/Further Training Required:

Details of Feedback to Candidate:

Details of Feedback from Candidate:

Assessor's Signature: _____ Date: _____ Candidate's Signature: _____ Date: _____