

THESE INSTRUCTIONS EXPLAIN **WHEN** TO MAKE A CLINICAL REVIEW OR RAPID RESPONSE CALL,
YOUR LOCAL ESCALATION PROTOCOL WILL EXPLAIN **HOW** TO MAKE A CALL

PCA

Clinical Review Criteria:

- **Sedation score is 2:** Ensure oxygen therapy in progress, remove button from the patient and stop background infusion if in progress.
- **Respiratory rate between 6 and 10 breaths per minute:** Ensure oxygen therapy is in progress, remove button from the patient and stop background infusion if in progress.
- **New, increasing or uncontrolled pain**

IF A PATIENT HAS ANY (1) OR MORE CLINICAL REVIEW CRITERIA PRESENT, YOU MUST CONSULT PROMPTLY WITH THE NURSE OR MIDWIFE IN CHARGE AND ASSESS WHETHER A CLINICAL REVIEW IS NEEDED (REFER TO YOUR LOCAL ESCALATION PROTOCOL)

'AND

1. You MUST initiate appropriate clinical care
2. Contact the Acute Pain Service or equivalent medical officer
3. Repeat and record observations as indicated by the patient's condition, but at least within 30 minutes
4. If the patient's observations enter the **RED** Zone while you are waiting for a Clinical Review, you MUST **ACTIVATE YOUR LOCAL RAPID RESPONSE** (see below)
5. You may call for a Clinical Review at any time if worried about a patient or are unsure whether to call.

IN THE EVENT THAT A REVIEW BY THE ACUTE PAIN SERVICE OR EQUIVALENT MEDICAL OFFICER IS NOT POSSIBLE, CALL FOR A CLINICAL REVIEW

- You should consider
1. Whether abnormal observations reflect deterioration in your patient
 2. What is usual for your patient
 3. Whether there is an adverse trend in observations

Rapid Response Criteria:

- **Sedation score 2 + respiratory rate less than or equal to 5 breaths per minute OR**
- **Sedation score 3:** STOP PCA and background infusion if in progress and initiate a rapid response. This includes urgent medical review, titrated doses of naloxone and ventilatory assistance if required.

IF A PATIENT HAS ANY ONE (1) OR MORE RAPID RESPONSE CRITERIA PRESENT, CALL FOR A RAPID RESPONSE (REFER TO YOUR LOCAL ESCALATION PROTOCOL)

AND

1. You MUST initiate appropriate clinical care
2. Contact the Acute Pain Service or equivalent medical officer
3. Inform the nurse/midwife in charge
4. Repeat observations as indicated by the patient's condition

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	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O. NOT A VALID
ADDRESS	PREScription UNLESS IDENTIFIERS PRESENT
LOCATION	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

First Prescriber to Print Patient Name and Check Label Correct: _____
Medical referral to Pain Service Referring doctor Signature: _____
Date: _____

PCA (patient controlled analgesia) ADULT

PCA PRESCRIPTION is valid for a maximum of 4 days unless ceased earlier.

Patient safety is improved by having standardized drug concentrations such as:
Morphine 1mg per mL or Fentanyl 10 micrograms per mL. (Refer local hospital policy for PCA drug solutions)
A sticker may be affixed here stating local hospital PCA drug solutions.

Route	Primary drug:	Amount (mg or microgram)	Additional drug	Amount (mg or microgram)	Diluent	Total volume (mL)
					Sodium chloride 0.9%	
Date:			Prescriber's signature and print name:	Pharmacy:		

PCA PROGRAM:

Date	Time	Primary drug and concentration (mg or microgram per mL)	PCA bolus dose (mg or microgram)	Lockout interval (mins)	Background infusion (mg or microgram per hr)	Prescriber's signature and print name:
		per mL	= mL		= mL per hr	
		per mL	= mL		= mL per hr	
		per mL	= mL		= mL per hr	

NEURAXIAL OPIOID (intrathecal or epidural): If the patient has been give a neuraxial opioid, complete the following: **Observations for this patient to be recorded:** Hourly for 6 hours OR Hourly for 12 hours. (Refer to patient management guidelines for ongoing observation requirements)

Date	Time	Drug	Route	Dose given (mg or microgram)	Medical officer administering: (Signature & print name):

NALOXONE: for sedation score 3 OR when sedation score is 2 and respiratory rate less than or equal to 5 breaths per minute. 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. (A naloxone standing order may exist in some hospitals- see local hospital policy. A sticker may be affixed below stating naloxone standing order).

Date	Drug (Print 'naloxone' below)	Route	Dose (100 microgram recommended print below)	Number of doses (x4, print below)	Frequency (print 2-3 minutes below)	Prescriber's signature and print name:

Holes punched as per AS2828-1999
 BINDING MARGIN - NO WRITING

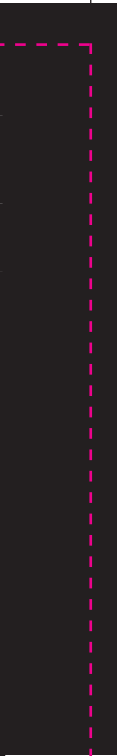
Holes punched as per AS2828-1999
 BINDING MARGIN - NO WRITING



PCA (patient controlled analgesia) adult SMR130.025

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									



PCA (patient controlled analgesia) adult SMR130.025

Record of naloxone administered

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

280812



PCA (patient controlled analgesia) 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.
- **The 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.
- **Oxygen therapy** via mask or nasal prongs to be administered at all times during PCA administration unless otherwise ordered (see local hospital PCA policy for oxygen therapy guidelines).
- **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 opioids and PCA

Morphine, liposomal morphine (epidural extended release) or HYDROMORPHONE


- **Observations** on this form are to be recorded either **hourly for 6 hours OR hourly for 12 hours** (as indicated on prescription page) then second hourly thereafter until 24 hours post administration even if the PCA has been ceased.
 - **Following post liposomal morphine epidural administration:** continue observations 2 hourly until 48 hours post administration.
- **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.
- **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.

PCA to be ceased according to instructions in the medical record: Date: Time:


Contact person – business hours	Contact person – out of hours
Acute Pain Service or other (specify):.....	Acute Pain Service or other (specify):.....
Page / Phone:	Page / Phone:

280812

SMR130025

	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____		M.O.
	ADDRESS		
PCA (patient controlled analgesia) ADULT OBSERVATIONS	LOCATION		
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
DATE			
TIME			
PAIN SCORE Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing			
Worst possible pain	10		
Severe pain	9		
	8		
Moderate pain	7		
	6		
Mild pain	5		
	4		
No pain	3		
	2		
	1		
	0		
SEDATION			
Difficult to rouse or unresponsive	3		
Constantly drowsy, unable to stay awake	2		
Easy to rouse	1		
Wide awake	0		
RESPIRATORY RATE Per minute	25		
	20		
	15		
	10		
	5		
Oxygen therapy L/min			
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)			
Total demands / attempts			
Good demands / successful			
PCA program checked (✓)			
COMMENTS			
INITIAL:			

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____		M.O.
	ADDRESS		
PCA (patient controlled analgesia) ADULT OBSERVATIONS	LOCATION		
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
DATE			
TIME			
PAIN SCORE Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing			
Worst possible pain	10		
Severe pain	9		
	8		
Moderate pain	7		
	6		
Mild pain	5		
	4		
No pain	3		
	2		
	1		
	0		
SEDATION			
Difficult to rouse or unresponsive	3		
Constantly drowsy, unable to stay awake	2		
Easy to rouse	1		
Wide awake	0		
RESPIRATORY RATE Per minute	25		
	20		
	15		
	10		
	5		
Oxygen therapy L/min			
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)			
Total demands / attempts			
Good demands / successful			
PCA program checked (✓)			
COMMENTS			
INITIAL:			

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING