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 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
4. Repeat observations as indicated by the patient's condition

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

CONFIRMATION OF PCA PROGRAM

Patient safety is improved by having standardized drug concentrations such as:
- Morphine 1mg per mL
- Fentanyl 10 micrograms per mL

A sticker may be affixed here stating local hospital policy for PCA drug solutions.

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

Route Primary drug: Amount Additional drug Amount Diluent Total volume
Amount (mg or microgram) (mg or microgram) (mg or microgram) (mL)

<table>
<thead>
<tr>
<th>Date</th>
<th>Prescriber's signature and print name:</th>
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PCA PROGRAM:

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 here stating local hospital policy for PCA drug solutions.)

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Drug</th>
<th>Route</th>
<th>Dose given (mg or microgram)</th>
<th>Medical officer administering: (Signature &amp; print name):</th>
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## Record of PCA syringe / bag administration and drug discarded

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<tr>
<th>Date</th>
<th>Time</th>
<th>Signature 1</th>
<th>Signature 2</th>
<th>Date</th>
<th>Time</th>
<th>Total discarded drug (mL, mg or microgram)</th>
<th>Signature 1</th>
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## Record of naloxone administered

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<th>Date</th>
<th>Time</th>
<th>Route</th>
<th>Dose</th>
<th>Signature 1</th>
<th>Signature 2</th>
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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 HYDROmorphine

- **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: ..........................

<table>
<thead>
<tr>
<th>Contact person – business hours</th>
<th>Contact person – out of hours</th>
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<tbody>
<tr>
<td>Acute Pain Service or other (specify): ..............................................</td>
<td>Acute Pain Service or other (specify): ..............................................</td>
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<td>Page / Phone: .................................................................</td>
<td>Page / Phone: .................................................................</td>
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</tbody>
</table>
Facility:

### PCA (patient controlled analgesia) ADULT OBSERVATIONS

**DATE**

<table>
<thead>
<tr>
<th>TIME</th>
<th>PAIN SCORE</th>
<th>SEDATION</th>
<th>RESPIRATORY RATE</th>
<th>PCA DELIVERY</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assess pain both at rest (record as R) and with relevant movement (record as M) e.g., deep breathing and coughing</td>
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<td>Per minute</td>
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<td>Facility:</td>
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<td>ADDRESS</td>
<td>LOCATION</td>
<td>COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE</td>
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</table>

### 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
  - Moderate pain: 8
  - Mild pain: 7
  - No pain: 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

### PCA DELIVERY
- Total primary PCA dose (cumulative):
  - mg
  - microgram
  - mL (Circle one)
- Background infusion rate (hourly):
  - mg
  - microgram
  - mL (Circle one)
- Total demands / attempts:
- Good demands / successful:
- PCA program checked (✓)

### COMMENTS

**INITIAL:**

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**NSW Health Patient Controlled Analgesia (PCA) Adult SMR130.025**

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