



Inpatient Pain Service Prescription Form

 Patient Controlled Analgesia (PCA)
 IV
 S/C
 Nurse Controlled Analgesia (NCA)

PRESCRIPTION

| Drug Name: | mg: | Volume: | Sign/date | Print Name |
|------------|----------------|---------|-----------|------------|
| Morphine | 50mg | 50mls | | |
| | | | | |
| Fentanyl | 1mg (1000 mcg) | 50mls | | |
| | | | | |
| | | | | |

(Diluent used is 0.9% Sodium Chloride or 5% Dextrose)

PROGRAMME SETTINGS

| | | | |
|---------------------------|--|--|--|
| PCA dose (ml) | | | |
| Lock out time/delay (min) | | | |
| Basal Rate (ml/hr) | | | |
| Hourly limit (ml) | | | |
| Signature | | | |
| Date | | | |
| Name (print) / pager | | | |

NURSE ADMINISTERED TITRATION (See overleaf for guidelines)

PCA mix _____ ml prn → _____ minutes to maximum _____ ml. Sign/Date/Print Name: _____

Titration may be repeated up to every _____ hour(s). _____

STANDING ORDERS

Naloxone 0.04 - 0.4 mg IV prn for management of respiratory depression or distressing itch. *(For specific doses see overleaf)*

Signature: _____ Date: _____

ACCEPTABLE PHYSIOLOGICAL PARAMETERS

Sedation: Easily rousable Systolic B/P: \geq _____ mmHg

Respiratory rate: \geq 10/min Pulse: \geq 50/min

Oxygen saturation: $>$ _____ % (If below acceptable parameter administer O₂ as prescribed on prescription chart.)

Pain score \leq 4/10 at rest or \leq 6/10 on movement.

If sedation score 3 (difficult to rouse, deeply sedated), respirations $<$ 10/min, persisting pain score $>$ 4 at rest or $>$ 6 on movement/coughing,

then refer to Management of Complications. Contact Pain Service if indicated, Page 20439. If unavailable page Duty Anaesthetist 20783.

MONITORING REQUIREMENTS

Sedation score, respiratory rate, blood pressure, pulse, SpO₂ and pain assessment to be documented on observation chart.

- 1/4 hrly for 1 hour - all above (after first use by patient)
- Then all above hourly for 4 hours
- If stable thereafter, sedation and respirations every 2 hours and B/P, pulse, SpO₂ and total drug taken every 4 hours.

NURSE ADMINISTERED TITRATION

To be used only if:

- Pain is severe and at operative site (otherwise ensure surgical review) - consider other causes e.g. full bladder.
If heavy use of PCA discuss with Pain Service - may need increased availability.
Ensure additional agents e.g. Paracetamol / NSAID given if charted.
- **Following Nurse-administered titration** nurse to maintain close observation during and for 10 mins after completion of titration.
Observe and record sedation and respiratory rate q5 mins, and pulse, B/P and pain score q10 mins for **twenty minutes**.

MANAGEMENT OF COMPLICATIONS

Unrelieved Pain: If pain score > 4/10 at rest or > 6/10 on movement call house surgeon. Pain Service/Anaesthetist will assist if pain relief cannot be achieved.

Respiratory depression: Follow chart below. REMEMBER stimulation and encouragement to breathe may be all that is required for mild cases - for severe depression artificial ventilation may be required. Consider Arterial Blood Gas.

Hypotension: If hypotensive (e.g. below set parameters) allow no further opioid (stop PCA) until condition resolved. Put patient 10 degrees head down, give oxygen 4L/min, record HR and BP q5 - 30min (according to condition), notify house surgeon.

Nausea/vomiting: Follow prescribed antiemetic therapy. If continuing problems with n/v, contact Pain Service for advice.

Distressing Itch: Give 40mcg naloxone IV Q30 min prn maximum of 120mcg in 3 hours.

LEVEL OF CONSCIOUSNESS

| | | Alert / Easy to Rouse | | | Difficult to Rouse | | Unrousable |
|----------------------------------------------------------|------------------|-------------------------|----------------------|------------|--------------------|--------------------------------|------------|
| RESP RATE | | 8 - 10 | 5 - 7 | < 5 | > 6 | < 6 | ANY |
| Ensure Clear Airway (Consider Recovery position) | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| *Stop PCA basal | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| No further boluses until within prescribed parameters | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| M O N I T O R | Sedation | Q 1hr | Q 30min | Q 15min | Q 15min | Q 5min | Q 5min |
| | Resp Rate | | | | | | |
| | HR, BP | Q 4hr | Q 2hr | Q 1hr | Q 15min | Q 5min | Q 5min |
| | Pain Score | Q 4hr | Q 2hr | Q 2hr | Q 1hr | Q 1hr | - |
| | Oximetry | Q 4hr | Continuous | Continuous | Continuous | Continuous | Continuous |
| Oxygen Therapy | | If SpO ₂ <94 | SpO ₂ <94 | Continuous | Continuous | Continuous | Continuous |
| CALL | APS/Anaesthetist | | ✓ | ✓ | ✓ | ✓ | ✓ |
| | ICU | | | | | ✓ (???) if indicated) | ✓ |
| Naloxone (NARCAN) | Titration* | | | ✓ | ✓ | | |
| | RESCUE* | | | | | ✓ | ✓ |

*NALOXONE: Titration: Make up 0.4mg of Naloxone (NARCAN) in 10 ml with saline. Give 1 ml (0.04mg) IV every 2 minutes until patient is easy to rouse with a Respiratory rate <5/min.

RESCUE: Give 0.2mg Naloxone (NARCAN) IV stat and repeat after 2 minutes if indicated.

NB Remember short half-life of Naloxone. Treatment may need repeating. No opioid to be given within 1 hour of Naloxone except by attending doctor. (Turn off PCA.)

