

CALHN

RAH TQEH

**ACUTE PAIN SERVICE
PATIENT-CONTROLLED
ANALGESIA (PCA)**

PATIENT LABEL

Unit Record No.: _____

Surname: _____

Given Names: _____

Date of Birth: _____ Sex: _____

PCA PROGRAM ORDERS:

1. **DRUG:**

Place appropriate drug label here

2. **CONCENTRATION:**/mL

3. **LOADING DOSE:** 0 (zero)

4. **PCA BOLUS DOSE:** (Order as mg or microgram)

Initial bolus dose:

.....

If pain not controlled bolus dose may increase to:

.....

Subsequent bolus doses: (must be signed and dated)

.....

.....

.....

5. **DOSE DURATION:** 'stat'

6. **LOCKOUT PERIOD:** 5 minutes

7. **CONTINUOUS (BACKGROUND) INFUSION:**

..... hr (..... mL/hr)

ROUTE (if other than IV):

The patient's regular long-acting opioids should be continued: YES NO

Signature Date

GENERAL ORDERS:

- Oxygen at 2 to 4 L/min via nasal specs or 6 L/min via mask while orders are in effect.
- No systemic opioids or sedatives (including antihistamines) to be given except as ordered or approved by the APS.
- Naloxone to be immediately available.
- One-way anti-reflux valve to be used in IV line and an anti-syphon valve must be in-line between patient and PCA machine at all times.
- Monitoring requirements: see overleaf.
- Cease PCA if the patient becomes confused. Maintain oxygen therapy and notify the APS.
- For inadequate analgesia or other problems related to the analgesia, contact the APS. The APS should be notified if the patient has two consecutive pain scores >7 at rest and/or FAS = C.
- If respiratory rate is 8-10/min, no action is required as long as sedation score is < 2. If respiratory rate is ≤ 7/min and sedation score is < 2, notify the APS. If sedation score is 2 or 3, follow instructions below.

TREATMENT OF SIDE EFFECTS:

RESPIRATORY DEPRESSION (EXCESSIVE SEDATION):

- If sedation score = 2, reduce size of the bolus dose by half and cease any background infusion. Notify the APS. Revert to hourly sedation scores until sedation score < 2 for at least 2 hours.
- If sedation score = 3 (irrespective of respiratory rate) OR sedation score = 2 and respiratory rate ≤ 7/min, initiate a MER call and give 100 microgram NALOXONE IV stat. Repeat 2 minutely PRN up to a total of 400 microgram. Cease PCA and call the APS anaesthetist. Revert to hourly sedation scores until sedation score < 2 for at least 2 hours.

NAUSEA AND VOMITING: (Note: check for duplicate antiemetic orders on the NIMC)

- Give a 5-HT3 antagonist antiemetic: Drug:
Dose: Route: IV Frequency: PRN
- If ineffective after 15 minutes, add DROPERIDOL 500 microgram IV 4 hourly PRN (250 microgram if > 70 years).
- If patient not responding to antiemetics contact the APS.

ITCHING:

- If severe, or patient complains or requests treatment, contact the APS.

SIGNATURE OF ANAESTHETIST: Date:

(Print name)

Cease above orders:

Signature of anaesthetist: Date: Time:

