

ACUTE PAIN SERVICE

**INTRAVENOUS PCA PRESCRIPTION CHART for ADULTS**

Name	Ward
Address	Date
DOB	Hosp. No.

Prescriber signature \_\_\_\_\_

Print name \_\_\_\_\_

**ROUTINE PRESCRIPTION**                       **OTHER PRESCRIPTION/ ALTERATION**

<b>DRUG</b>	<b>MORPHINE</b>	<b>DRUG</b>	.....
<b>CONCENTRATION</b>	<b>1.00mg/ml</b>	<b>CONCENTRATION</b>	..... /ml
<b>LOADING DOSE</b>	<b>0.0mg</b>	<b>LOADING DOSE</b>	..... mg
<b>PCA BOLUS DOSE</b>	<b>1.0 mg</b>	<b>PCA BOLUS DOSE</b>	.....mg
<b>PCA DOSE TIME</b>	<b>STAT</b>	<b>PCA DOSE TIME</b>	.....minutes
<b>LOCKOUT PERIOD</b>	<b>00.05 hh.mm</b>	<b>LOCKOUT PERIOD</b>	..... hh.mm
		<b>BACKGROUND RATE</b>	.....mg/hr

**Clinician Bolus Dose - Recovery, SDU, ERU, ITU**

**5 mg**; Given by Signature .....Time .....       ..... mg; Given by Signature ..... Time; .....

**5 mg**; Given by Signature .....Time .....       ..... mg; Given by Signature ..... Time; .....

**DO NOT GIVE OPIOIDS BY ANY OTHER ROUTE WHILE PCA IS IN PROGRESS, UNLESS INSTRUCTED BY PRESCRIBING ANAESTHETIST / ACUTE PAIN TEAM**

**INSTRUCTIONS FOR ALL STAFF**

- IV PCA should be administered through a dedicated cannula where possible and attached using a Spiritmedical Extention PROTECT SET 2
- Observations should be recorded on the Acute Pain Chart every hour for the first 4 hours, every 2 hours for the next 8 hours and 4 hourly thereafter (minimum requirements)
- If respiratory rate = **10**/minute remove hand set from patient & reassess every 15 mins
- If respiratory rate = **8**/minute or less, stop the infusion and inform the anaesthetist.
- If sedation score = **2** and respiratory rate is less than **8**/minute, **stop infusion** and call Acute Pain Team / on call anaesthetist. May require Naloxone.
- For inadequate pain relief check for full bladder, check pain corresponds to wound pain. Inform prescriber, Acute Pain Team or on call anaesthetist if pain score remains at 2 or above.
- **BLOOD IS TO BE TRANSFUSED THROUGH A DEDICATED CANNULA (whenever possible)**

**RECOVERY, SDU, ERU , ITU (competency assessed nurses only)**

- For inadequate pain relief after 5 **self-administered** doses of opioid, following the algorithm, give **one or two clinician bolus doses**. Commence frequent observations as per guidelines.