

**ROYAL ADELAIDE HOSPITAL
ACUTE PAIN SERVICE
PATIENT-CONTROLLED
ANALGESIA (PCA)
Standard Orders**

PATIENT LABEL

Unit Record No.: _____
Surname: _____
Given Names: _____
Date of Birth: _____ Sex: _____

PCA PROGRAM ORDERS:

1. **DRUG:**

* = order in mg or microgram as appropriate

Place appropriate drug label here

2. **CONCENTRATION:***/mL

3. **BOLUS DOSE:***

Dose:

..... ** = sign and date any changes

..... **

If pain not controlled:

Bolus dose may increase to

Bolus dose may increase to **

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

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

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

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

6. **DOSE DURATION:** "stat"

7. **LOCKOUT:** 5 minutes

ROUTE (if other than IV):

GENERAL ORDERS:

- Oxygen at 2 to 4 L/min via nasal specs or 6 to 8 L/min via mask while orders are in effect.
- No systemic opioids or sedatives to be given except as ordered 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 syringe at all times.
- Monitoring requirements: see overleaf.
- Record current total dose per syringe in mg or microgram as appropriate. Reset total dose to zero when syringe changed.
- Cease PCA if the patient becomes confused.
- For inadequate analgesia or other problems related to the analgesia, contact the rostered APS anaesthetist.

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.
- If sedation score = 3 (irrespective of respiratory rate) OR sedation score = 2 and respiratory rate \leq 6/min, give 100 microgram NALOXONE IV stat. Repeat 2 minutely PRN up to a total of 400 microgram. Cease PCA and call the APS anaesthetist.
- If sedation score \geq 2 revert to hourly sedation scores until sedation score < 2 for at least 2 hours.

NAUSEA AND VOMITING:

- Give METOCLOPRAMIDE 10mg IV 4 hourly PRN.
- If ineffective after 15 minutes, add TROPISETRON 2 mg IV daily PRN.
- If still ineffective after another 15 minutes, add DROPERIDOL 500 microgram IV 4 hourly PRN (250 microgram if > 70 years).

SIGNATURE OF ANAESTHETIST: Date:

(Print name)

Cease above orders:

Signature of anaesthetist: Date: Time:

ATTACH CONTINUATION SHEET AGAINST THE DOTTED LINE.

APS-PATIENT CONTROLLED ANALGESIA

MR 98.2