S-PATIE
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NTRO
) L L E D
ANAL
GESIA

CALHN		PATIENT LABEL					
RAH 🗌 TQEH 🗌	Unit Rec	cord No.:					
ACUTE PAIN SERVICE	Surname	e:					
PATIENT-CONTROLLED	Given Na	lames:					
ANALGESIA (PCA)	Date of B	Birth:Sex:					
PCA PROGRAM ORDERS:							
1. DRUG:		ROUTE (if other than IV):					
		The patient's regular long-acting					
		opioids should be continued: YES NO					
Place appropriate drug label here		Signature Date					
		GENERAL ORDERS:					
2. CONCENTRATION:	/ml						
3. LOADING DOSE: 0 (zero)	/IIIL	via mask while orders are in effect.					
4. PCA BOLUS DOSE: (Order as mg or micro	ogram)	No systemic opioids or sedatives (including					
Initial bolus dose:	ogram,	antihistamines) to be given except as ordered or approved by the APS.					
		Naloxone to be immediately available.					
If pain not controlled bolus dose may increase	e to:	4. 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.					
Subsequent bolus doses: (must be signed an	d dated)	5. Monitoring requirements: see overleaf.					
		Cease PCA if the patient becomes confused. Maintain oxygen therapy and notify the APS.					
5. DOSE DURATION: 'stat'		7. 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.					
6. LOCKOUT PERIOD: 5 minutes 7. CONTINUOUS (BACKGROUND) INFUShr (8. 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)):						
·	dose by half	It and cease any hackground influsion. Notity the APS					
MER call and give 100 microgram NALOXON	IE IV stat. Rep	for at least 2 hours. sedation score = 2 <u>and</u> respiratory rate ≤ 7/min, initiate a epeat 2 minutely PRN up to a total of 400 microgram. rly sedation scores until sedation score < 2 for at least					

Nausea and vomiting: (Note: check for duplicate antiemetic orders on the NIMC)

- Give a 5-HT3 antagonist antiemetic: Drug: Dose: Route: IV Frequency: PRN 2. If ineffective after 15 minutes, add DROPERIDOL 500 microgram IV 4 hourly PRN
- (250 microgram if > 70 years).
- 3. 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 a	bove o	rders:

Signature of anaesthetist: Date: Time:

CALHN PATIENT-CONTROLLED ANALGESIA (PCA)

Observations and Record of Drug Administration

	PATIENT LABEL
Jnit Record No.:	
Surname:	
Given Names:	
Date of Birth:	Sex:

MONITORING REQUIREMENTS:	Record items 1	to 4 EACH HOUR for	r 8 hours and then	2 HOURLY
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1. PAIN SCORES AND FAS	;
D : 0	_

2. SEDATION SCORE

3. RESPIRATORY RATE

4. CURRENT TOTAL DOSE

Pain Score:

0 = no pain

10 = worst pain imaginable

NB: record pain scores at <u>rest</u> and <u>with movement</u> eg. coughing

Sedation Score:

0 = wide awake

- 1 = easy to rouse
- 2 = easy to rouse but cannot stay awake
- 3 = difficult to rouse (severe respiratory depression)

Functional Activity Score (FAS):

- A = no limitation of relevant activity due to pain (relative to baseline)
- B = mild limitation of activity due to pain
- C = unable to complete activity due to pain

Current total dose: Record in mg or microgram as appropriate and not in mL. Reset total dose to zero when syringe is changed and document the volume discarded.

Date	Time	Dose	Pain Scores X 0 2 4 6 8 10			FAS	Sed'n Score	Resp Rate	Comments	Signature RN or MO		
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0 2 4 6 8 10

ADVERSE DRUG REACTIONS											
Drug Date									Signature		
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DRUG:											
Date	Time	Dose	1		es 6 8		FAS	Sed'n Score	Resp Rate	Comments	Signature RN or MO
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