PATIENT CONTROLLED ANALGESIA (PCA)

POLICY:

PCA may only be provided to a patient by physician order and initiated by an RN.

PURPOSE:

To establish guidelines when patient controlled analgesia via PCA infusor is ordered.

SPECIAL INFORMATION:

1. Patients presenting to MMSC will be assessed for their level of discomfort.
2. Pump settings will be checked by two RN’s or an RN and Pharmacist before therapy is initiated.
3. Naloxone will be in the nurse server of any patient on PCA therapy.
4. All patients on PCA therapy will have pulse oximetry continuously monitoring for the first 24 hours on therapy. After 24 hours the need for pulse oximetry will be reassessed and maybe continued with a physician’s order or discontinued according to patient needs.
5. PCA tubing and syringe will be changed every 72 hours.
6. Patients going to surgery will have the PCA pump discontinued and pump with narcotic sent to OR with the patient.

SUPPORTIVE DATA:

Patient controlled analgesia via a PCA infusor will be ordered using a PCA standing order form approved by the Medical/Dental Staff. A Patient Controlled Analgesia Flow Sheet will be maintained to reflect analgesia usage. Registered nurses will be responsible for the set up, programming, management and assessment of effectiveness of PCA.

EQUIPMENT:

PCA pump with key
Pre-filled Morphine, Meperidine, Hydromorphone (Dilaudid) or Fentanyl syringes
PCA tubing
IV Connecting tubing

COMMENTS:

Key Points

1. Check physicians order for PCA pump and gather necessary equipment.
2. Clear syringe of air and overfill to 30cc, then attach tubing and prime. (takes 2cc’s)

Procedure Steps

1. Double check pre-filled syringe, by two RNs or an RN/Pharmacist. Remember 5 Rights.
2. Note amount in syringe. In CPSI, document your initial volume as 28cc.
3. Choose PCA settings according to physician orders and patient needs.

4. Connect PCA tubing to IV extension set.

5. Start PCA. Pulse oximetry will be continuous for the first 24 hours of PCA therapy. Patient will be reassessed for continued need for oximetry.

6. Give loading dose if needed.

7. Evaluate patient’s pain and need to change settings as condition indicates within parameters of physician’s orders. Note Sedation Scale as described.

8. When changing settings on PCA pump, two RNs must verify the PCA pump setting and document in CPSI.

9. When adding a new syringe, to existing tubing push the plunger to 30cc then attach to existing tubing and insert units PCA pump.

10. To give additional loading dose (bolus) open the machine, press loading dose and follow prompts.

11. If transferring patient out of and into another area (including PACU), two RNs must verify PCA settings.

12. Clear PCA pump and document the narcotic count and pump count in CPSI at the end of each eight hour shift and/or at shift change and with each new syringe.

13. If there is a 2cc narcotic count discrepancy with the PCA pump count:
   1. Call Director/Associate Director IMMEDIATELY
   2. Restart PCA therapy with a new syringe and pump.
   3. Document the amount of narcotic used from the pump in question.
   4. For the pump in question:
      a. Leave the syringe in the machine.
      b. Isolate the pump in the M/S Clinical coordinator’s office, plugged in and turned on.
      c. Change the setting to DEMAND ONLY but DO NOT clear the history.
   5. Complete a Variance Report – including the pump number and location of the pump.
   6. Fax the variance report to PI, give the original to the Associate Director of Nursing.

3. Follow prompts on PCA pump. Pump settings will be checked by two RN’s or an RN and a Pharmacist before therapy is started.

5. Instruct/review patient/family on PCA use and give patient control button. Ancillary/family members should never push the button for the patient, they may, however, give the patient the button or consult the RN for assistance. If patient requires transport after PCA therapy is initiated, leave the probe in place and resume pulse oximetry monitoring upon arrival to destination.

6. Fentanyl loading dose only to be given in OR or PACU.

7. Note Sedation Scale and respirations. Sedation Scale will be documented at:
   * the time of pump counts
   * the addition of a new syringe
   * the changed in protocol or medication
   * the discontinuance of PCA
   * prn

   When pulse oximetry is being utilized, it will be documented at least every 2-4 hours and PRN on the flow chart under O₂ sats.

8. To document this in CPSI, the first RN logs onto the computer and enters the information with his/her initials under the Assessment Options and logs off. The second RN logs on and verifies that the syringe is the correct medication, settings, pump and narcotic count by putting his/her initials also under Assessment Options.

10. Additional loading dose (bolus) of Fentanyl only to be given in OR or PACU

11. These two RNs must document PCA pump settings, pump count and narcotic count in CPSI.

12. Two RNs must document in CPSI the pump settings, the pump count and the narcotic count of each new syringe. Two licensed individuals can do shift counts.
15. Discontinue PCA pump prior to patient going to OR.
   a. Place blunt cannula on PCA tubing
   b. Clear the PCA pump
   c. Turn off the PCA pump
   d. Put addressograph sticker with the patient’s name on the pump.
   e. Send the PCA pump with the narcotic to OR with the patient.

16. Discontinue PCA pump per physician’s order.
   a. This will allow tubing to be reused.
   c. Document narcotic and pump counts in CPSI.

15. Two RNs must witness and verify any narcotic wasted and document in CPSI and on narcotic sheet. The verifying RN must document assessment prior to other RN documenting discontinuing PCA therapy.