

IREDELL HEALTH SYSTEM

Patient Controlled Analgesia (PCA)	
Approved by: Toni Fortner, Dir Nurse Anesthesia Laura Rollings, PharmD, BCPS, BCGP	Last Revised/Reviewed Date: 09/2022
Nursing Leadership P&T Committee	Date: 10/2022

Standard Dose Patient Controlled Analgesia (PCA)

Purpose:

To provide safe, optimal pain management and to allow the patient to administer pre-set doses of analgesic, on demand.

Policy:

Candidates for pain management via PCA include patients who are capable of physically pushing the PCA button themselves. If the patient is unable to push the PCA button, another mode of pain control will need to be initiated.

Upon initiation of PCA, the patient / family must be informed that only the patient is permitted to push the PCA button. Nurses, family members, friends, or anyone other than the patient are not permitted to activate the PCA since this could jeopardize the safety of this treatment modality.

Patients with sleep apnea are recommended to be monitored in the Critical Care Unit, unless the patient has other underlying health issues that may require critical care monitoring while PCA is in use. The exception to this is, patients that are CPAP/BiPAP compliant; these patients may be admitted / transferred to another care area when the provider responsible for the PCA writes such orders. The orders should include parameters for monitoring of the patient during PCA utilization. Patients that are non-compliant with CPAP/BiPAP are required to be monitored in Critical Care while PCA is in use.

Procedure:

1. The PCA order set should be utilized electronically.
2. PCA tubing is stocked on the Nursing Units, PACU, Critical Care and Birth Place and is changed every 72 hours; PCA medication solution shall be changed every 24 hours.
3. Complete the "Initiation of Infusion" section of the Record of Patient Controlled Analgesia Infusion Administration if PCA drug solution is dispensed by the pharmacy.
4. Refer to the pump manual for directions of use and troubleshooting.
5. Upon initiation of a PCA, medications such as sleeping pills and other opiate pain medications should be automatically discontinued unless the provider has given a specific order on the PCA order set to continue the medication(s). The pharmacist should confer with the provider who prescribed the PCA or provider on call when there is a questionable order. The Pharmacist should enter an order to "discontinue _____ (name of drugs) _____ per protocol" in the electronic medical record (EMR).

Note: If an order is given while the patient is on the PCA, which specifically states to begin pain medications and / or sedatives when the PCA is discontinued, the order should be entered into the EMR and placed on hold while the patient is still on the PCA.

6. Narcan 0.4 mg/mL is available in the automated dispensing cabinet and should be on the patient's profile for emergency use.
7. Nursing shall:
 - Assess Basal Rate, Dose Volume, Lockout, Total Volume given (this should be cleared with each four hour check), Sedation Level, Analgesia Level, Respiratory Rate and Pulse Oximeter reading every four (4) hours.
 - Document history from PCA pump and chart on PCA flow sheet.
 - Blood pressure should be assessed every 4 hours.
 - Temperature should be assessed as ordered and should be documented, when assessed, on the PCA Flow Sheet as well as on the graphic sheet and / or nurses notes.
 - Document syringe changes as they occur.
 - Initial each entry on the PCA Flow Sheet.
 - Notify the provider for inadequate pain control, excessive sedation or respiratory rate less than ten, and/or SPO2 less than 92%.
 - Ensure an Ambu bag is available.
 - When PCA is discontinued, obtain pain medication order from the attending physician.
 - Any waste remaining in PCA syringe shall be documented and handled according to hospital policy.

High Dose End of Life Care Patient Controlled Analgesia (PCA)

Purpose:

To provide safe, optimal pain management and end-of-life comfort to patients able to administer pre-set and on-demand doses of analgesia. Patients receiving end of life care are those facing a terminal illness and desires to shift care from life-sustaining to comfort only at the final stage of life.

Procedure:

1. The End of Life Care PCA order set is initiated electronically.
2. High dose End of Life Care PCA pump is obtained (pump with a purple border around the screen). These can be found on 1 North in the Medication Room.
3. Two nurses verify order and pump set-up (LPN/RN or RN/RN).
4. Patients requiring High Dose PCA therapy should be placed on 1N or CCU if possible. If the order is for Fentanyl PCA the patient must be on 1N or in CCU.
5. PCA tubing will be changed every 72 hours; PCA medication should be changed every 24 hours.
6. PCA set-up is the same for Standard dose and High dose PCAs. Complete the "Initiation of Infusion" section of the Record of Patient Controlled Analgesia Infusion Administration if PCA drug solution is dispensed by the pharmacy.

7. All prn and scheduled narcotics, anti-anxiety, and sleeping medication will remain active on the patient's MAR unless ordered differently by the provider.
8. Nursing shall:
 - a. Assess basal rate, dose, volume, lockout, total volume given (this should be cleared with each four hour check), sedation level, and analgesia level every 4 hours.
 - b. Document history from PCA pump and chart on PCA flow sheet, syringe changes that occur, and any waste in PCA medications according to hospital policy and initial all documentation.
9. Vital Signs will be obtained and documented as ordered and prn.
10. Notify the attending provider or the End of Life Care Provider for inadequate comfort relief (e.g. inadequate pain control, air hunger, restlessness, or agitation).

INITIAL EFFECTIVE DATE: 06/2006

DATES REVISIONS EFFECTIVE: 08/2011, 07/2012, 01/2016, 01/2021, 10/2022

DATES REVIEWED (no changes):

FOR YOUR INFORMATION

PATIENT CONTROLLED ANALGESIA (PCA)

What is PCA?

1. PCA means Patient-Controlled Analgesia.
2. Analgesia means relief of pain.
3. PCA allows the patient to control the administration of their own pain medication.
4. PCA (or any other type of pain medication) will not eliminate all pain.

How Will It Work?

The mechanics for receiving medication through PCA:

1. Pain medication is in a syringe inside a pump.
2. The syringe connects into the IV line.
3. Pushing the button activates the pump and medication is released directly into the bloodstream.

Physician's orders are programmed into the pump:

1. A prescribed amount of medicine is received when the button is pushed. Since it's intravenous, the dosage is small.
2. The necessary time between each dose (how often the medication can be given) is set.
3. The pump will not administer medicine when button is pushed, if delay has not passed. (Patient cannot give himself more than what is prescribed by the doctor.)

What are the differences between PCA and IM administration?

The PCA is a faster means of getting medication

1. PCA - Patient pushes the button and medicine goes directly into bloodstream.
2. IM - Patient must call nurse, who then checks to see if patient can receive medication, then prepares and injects medication.

There is a difference in the medicine's blood level and it's effects:

1. PCA - Small, intravenous doses keep blood level where pain is relieved without producing sedation.
2. IM - Larger dose injected into muscle produces fluctuation in effects.
 - a) Takes at least 30 minutes to take effect.
 - b) At it's peak, patient is usually very sleepy.
 - c) Usually pain returns before it is time for the next dose.

When do I push the button?

1. The button will be placed within reach upon your return from the Recovery Room (PACU).
2. You will be sleepier at this time because of the effects of anesthesia.
3. When experiencing pain, push the button.
4. If drowsy, don't press the button. Wait until you're more alert.
5. ONLY THE PATIENT SHOULD PUSH THE BUTTON.

When Do I Call The Nurse?

A nurse will be checking on you frequently to ask how you feel (*to describe your pain*).

Call for a nurse when:

1. There is no pain relief
2. The IV site is painful
3. You are too sleepy

When will the PCA be discontinued?

The PCA will be stopped when:

1. The IV is removed
2. You or your doctor feel you are ready to take medication by another route.