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Patient Controlled Analgesia

Pain Team Contact:

Monday to Friday 8am till 6pm

Saturday & Sunday 8am till 2pm (Acute & Trauma pain management only)

Outside these hours on call anaesthetist baton phone **61852**

- Acute bleep: 07623623107
- Trauma bleep: 07623600811

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PATIENT CONTROLLED ANALGESIA

- A system which allows a patient to control the administration of pain medication (morphine/fentanyl(opioids))
- Gives small doses on demand from a dedicated infusion pump, with a safety mechanism of a 5 minute lockout
- Provides opioid analgesia, that patient can top up as the opioid wears off
- It is a Patient Controlled analgesic system and it is not safe for healthcare workers or visitors to press the PCA button for the patient .
- Additional demands can be made to give more opioid for example before mobilisation
- Drug addiction is not a contradiction

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WHICH DRUGS DO WE USE IN PCA'S?

MORPHINE 1MG/1ML	FENTANYL 20MCG/ML
For patients under the age of 70	For patients over the age of 70 and patients with renal failure/Impairment True allergy to morphine and over 70 years of age
100ml bag	250ml bag
Standard bolus 1mg/ml	Standard bolus 20mcg /ml (10mcg bolus commenced for frail/elderly patients and Rib fracture patients)
Prescribed 1-2mg	Prescribed at set dose only 10,20,30mcg

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PCA AND OTHER ANALGESIA

You are able to administer the following analgesia with PCA:

- Paracetamol √
- NSAID √
- Neuropathic Agents √
- Modified Release Opioids √ (IF on at time of admission)
- Fentanyl Patch √ (IF on at time of admission)
- Local wound infiltration √

Please do not give the following analgesia with PCA.

- Immediate Release Opioids X
- Codeine X

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PCA OBSERVATIONS

- Every 15 minutes for first hour
- Hourly for 4 hours
- 4 hourly thereafter whilst on PCA
- Please document PCA dosages on prescription
- Pain team do not convert all PCA's to oral opioids

PCA RESPONSIBILITIES

At handover check relevant information:

- Prescription matches pump settings and infusion solution
- Assess patient is competent in use
- Assess effectiveness
- Record on EPMAR 4 hrly
- Volumes used documented- on EWS chart
- Document Pain and Sedation Score as protocol on EWS chart

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Safe • Clean • Personal

Salford Royal NHS Foundation Trust

TROUBLE SHOOTING PCAs

PROBLEM	ACTION
Ineffective analgesia Patient pain scoring 2 or above	•Check pump, cannula site, connections and line. •Check pump history demand and delivery ensure good use of PCA. •Give additional non-opiate analgesia e.g. paracetamol +/- NSAIDs. •If remains ineffective contact ward doctor, consider increase in PCA bolus dose. •If pain remains a problem contact acute pain team/ on call anaesthetist out of hours.
Sedation Score V or U	•Ward doctor review •Oxygen via facemask •Full set of observations •Remove button until after review •Consider naloxone if decreased respiratory rate as per algorithm.
Nausea and vomiting	•Follow PONV algorithm as prescribed and reassess hourly. (post operative nausea vomiting)
Itching without rash	•Medical review by ward team •Consider chlorpheniramine (piriton).
Machine alarms ❖Missing key ❖Air in line ❖Occlusion ❖End of infusion	•Check line insertion in pump •Disconnect and prime line •Check line, clamps and cannula site •Contact pharmacy or pain team if further advice needed. On call anaesthetist out of hours. •Change bag