

**PATIENT CONTROLLED
ANALGESIA (PCA) ADULT ORDER**ACUTE PAIN SERVICE (APS)
LAUNCESTON GENERAL HOSPITAL

WARD/UNIT: _____

(Tick ☒ as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

PT ID									
SURNAME..... D.O.B.									
OTHER NAMES.....									
ADDRESS.....									

Weight: kilograms (kg)	1 st Prescriber to print patient name and check label correct: _____
Height: centimetres (cm)	

ALLERGIES ☐ No ☐ Yes (specify): _____**ALERTS** ☐ No ☐ Yes (specify): _____**All Alerts and Allergies must be documented on the DMR Alert Form and registered in iPM, Patient Administration System****RELEVANT MEDICAL HISTORY**

Opioid tolerant	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to which drug/s? _____
Obstructive sleep apnoea	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other respiratory disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify type _____

PRESCRIPTION GUIDELINES - ADULTS

Fentanyl	1000 micrograms in 50 millilitres (mL) of sodium chloride 0.9 percent (%)
Morphine	100 mg in 50 mL of sodium chloride 0.9%
Oxycodone	100 mg in 50 mL of sodium chloride 0.9%

STANDARD PCA BOLUS

20 micrograms (microg)
1 milligram (mg)
1 mg

PCA PUMP SETTINGS

1. The order below can be used for ongoing administration.
2. Prescriber to cross out mg or microg as applicable.
3. Alterations to the pump settings are to be documented in the PCA pump settings section.
4. Alterations to syringe contents require a new form.

OBSERVATIONS

15 minutely for 1 hour
1 hourly for 12 hours
2 hourly for 12 hours
4 hourly thereafter
If patient administered Naloxone, observations start again at 15 minutely

PRESCRIPTION ORDEROxygen: ☐ Via nasal prongs at _____ litres / minute ☐ Via high flow nasal prongs – see order

Date & Time	Drug	ROUTE	TOTAL Amount (microg/mg)	TOTAL Volume (mL)	CONC (microg / mg per mL)	BOLUS Dose (microg/mg)	DOSE Duration (minutes)	LOCKOUT Period (minutes)	CONTINUOUS Infusion (microg/mg per hour)	Prescriber Print Name & Signature	Pump Programmer Initials	
											RN1	RN2
		IV										
Changes of Pump settings				Date/Time								
				Date/Time								
				Date/Time								

Acute Pain Service (APS) Contact 0436 930 912 or Duty Anaesthetist 0436 916 889**PATIENT CONTROLLED ANALGESIA ORDER**

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PREPARATION, ADMINISTRATION AND DISCARD RECORD

Date (DD/MM/YYYY)	Time 00:00 (24 hour)	Administration			Discarded Record		
		Prepared, commenced and checked by (Print Name & Signature x2)		Time Started 00:00 (24 hour)	Volume Remaining (mL)	Date & Time	Signature x2
		RN I	RN 2/EN				

Record volume in PCA at transfer from ward or unit to another area	Date (DD/MM/YYYY)	Time 00:00 (24 hour)	Transfer to	Transfer from	Volume Remaining	RN I	RN 2/EN

Sample Initial	Print Name	Signature	Designation	Date
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /
				/ /

GENERAL INSTRUCTIONS

1. No systemic opioids are to be given while PCA is in progress unless ordered by an anaesthetist.
2. Naloxone 400 microg must be available within the ward/unit.
3. Maintain patent intravenous (IV) cannula for 4 hours after removal of PCA infusion.
4. Must run with continuous intravenous fluids.
5. Record vital signs on the relevant observation chart and on the Acute Pain Monitoring chart.
6. Anti-reflux valve to be in place between intravenous therapy and intravenous access.
7. Only the patient is to activate the PCA button.

ASSESSMENT/INTERVENTION GUIDELINES

Inadequate analgesia	• Contact the Acute Pain Service (APS) or Duty Anaesthetist
Pruritus	• Consider Naloxone 40 microg intravenous and repeat every 10 minutes as required up to 200 microg as per medical order • Contact the APS or Duty Anaesthetist
Nausea and vomiting	• Administer the prescribed antiemetic • If ineffective contact the APS or Duty Anaesthetist

Abbreviation Key: **CONC** concentration | **EN** Enrolled Nurse | **RN** Registered Nurse | **SpO₂** saturation of peripheral oxygen |