Patient Controlled Analgesia (PCA) Policy Update

WHAT'S DIFFERENT?

Continuous O_2 Saturation or capnography monitoring is required for at least 24 hours.

- Patients traveling off the unit must be accompanied by a licensed clinician
- Patients may be off monitor only when a licensed clinician is present
- Patients may walk with a Patient Care Associate, as delegated by an RN following assessment (NOTE: This is the only exception from a "Moderate Risk" status)

Prescribers screen for the risk of respiratory depression (e.g. age, obesity, comorbidity) and an active or past substance use disorder. PCA orders and pumps are stratified by risk level determined by the prescriber.

PATIENT TEACHING:

Patients (and significant others) are educated about PCA, and demonstrate understanding its safe use prior to initiating therapy. Teach patients about route-specific benefits and risks; pressing the demand button in response to increased pain; and that only the patient uses the button. Tell patients about potential problems to report and reasons frequent monitoring is needed (early detection of rare but serious respiratory problems).

CLINICAL & SYSTEM MONITORING REQUIREMENTS: Assessments done at baseline, with respiratory rate, pain and sedation levels documented within an hour after initiation of therapy, a bolus dose, and at least every 4 hours for the duration of PCA therapy. More frequent monitoring if clinically indicated.

- Pain intensity is assessed using a verbal, functional or behavioral rating scale as appropriate.
- IV access, medication, tubing & pump is evaluated each shift for proper settings/function & alarms
- Volume (in mL) and dose (mg or mcg) of medication delivered is recorded at the end of each shift, prior to handoff; and when therapy is discontinued
- Risks (e.g. over-sedation, aberrant behaviors, PCA-by proxy) are identified and mitigated

PHYSIOLOGICAL MONITORING REQUIREMENTS: Continuous (moderate risk) during infusion.

- Continuous O_2 Saturation or capnography monitoring is required for at least the first 24 hours of therapy.
  - Requirement may be waived if specifically ordered as too invasive for goals of care for any "Comfort Measures Only" patients, or if a home PCA is continued when admitted to the hospital
  - May be stopped by prescriber order after 24 hours of stable therapy, if all criteria below are met:
    - Receiving standard concentrations (General Risk) of Morphine or Dilaudid
    - No PCA medication change or increase dose settings past 24 hours
    - Alert & oriented, or drowsy but easily aroused & remains alert during conversations
    - Non-obese (BMI<30)
    - Patient is at their baseline respiratory, cardiac, renal and hepatic functioning
    - No benzodiazepines, antihistamines or other CNS depressants are prescribed

OTHER CARE CONSIDERATIONS:

- High concentration opioids (e.g. 10mg/mL) or higher risk opioids (Fentanyl, methadone) are restricted to prescribers in Anesthesia/Critical Care, Pain, or Palliative Care Services; and require Independent Double Checks when new medication bags are hung, or settings are changed.
- Unauthorized use (PCA by Proxy or patient tampering) warrants consideration to discontinue PCA.
- A progress note is entered whenever therapy (e.g. rate change) or patient status changes.
- Report over-sedation, altered respiratory functioning, drug interactions and concern about misuse.

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