

Summary of PCA & Epidural Practice Changes with Revised Policy

	Patient Controlled Analgesia	Epidural / PCEA Analgesia	Comment
Continuous O ₂ Saturation Monitoring	Required	Required	May be waived for PCA in some situations**
Cardiac monitoring	Not Required	Required	
Pain, respirations and sedation monitoring Q4H	Required Q4H	Required Q4H	
Other Vital Signs & Motor testing	Not Required	Required Q4H	
Independent Double Checks needed	Required only for Restricted Drugs*	Not Required	*10mg/mL concentration Morphine or Dilaudid; all Fentanyl or Methadone
Document pump verification (settings) start of shift	Required	Required	Start of each shift minimum
Document amount infused end of shift	Required (mg or mcg)	Required (mL)	End of each shift minimum
Duration of monitoring	<u>Physiologic Monitoring:</u> until end of therapy unless meeting criteria (and ordered) to be stopped sooner <u>Clinical monitoring:</u> until end of therapy	<u>Physiologic Monitoring:</u> until the end of therapy <u>Clinical monitoring:</u> until 4 hours after epidural catheter removed	<u>Clinical monitoring</u> VS, pain & sedation (motor test for epidural/PCEA) <u>Physiologic monitoring:</u> O ₂ Sat &/or ECG continuous monitoring

** O₂ Saturation Monitoring can be waived for palliative and comfort care patients or those admitted with a home PCA using the same drug and dose.

After 24 hours of stable therapy, O₂ Saturation Monitoring can be ordered discontinued, **unless:** a restricted opioid is used; PCA medication has changed or dose increased dose in the past 24 hours; patient is over-sedated or requires other sedating medication,; or has comorbidity that increases the risk for overdose (see Policy for details)