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TITLE
CLIN_139 PATIENT CONTROLLED ANALGESIA (PCA)

APPLICABILITY
EDWARD HOSPITAL

POLICY STATEMENT
To provide a safe and effective means of individualized pain management for adult and pediatric patients.

DEFINITION(S)
PCA: Patient Controlled Analgesia
NCA: Nurse Controlled Analgesia
KVO: Keep Vein Open

PROCEDURE
ADMINISTRATION
1. The initial order for PCA is written on a preprinted PCA Order Set form (move link to bottom and include peds link).
2. Administer all Patient-Controlled Analgesia (PCA) and Nurse-Controlled Analgesia using a specific analgesic pump and tubing in accordance with the manufacturer’s recommendations.
3. Meperidine (Demerol) is not approved for PCA.
4. An IV minimally infusing at a KVO rate is required.
5. Only the patient may press the PCA button for medication administration unless Nurse Controlled Analgesia is ordered
6. Educate patient on PCA therapy, pump function, including description, action, effects, and side effects of prescribed analgesic.
7. Educate the patient and family members of the dangers of unauthorized activation of the dosing button.
8. Unauthorized use of PCA (i.e. use of the PCA by family members, caregivers, or clinicians who are not authorized to become involved in administering the analgesia for the patient) is not allowed.

ASSESSMENT
1. Assess pain score, level of sedation, and respiratory rate at time of therapy initiation.
2. Assess pain score, respiratory rate, level of sedation, presence of side effects, and continuous pulse oximetry for the duration of therapy.
3. Reassess pain score, level of sedation and respiratory status after a clinician-administered loading dose.
4. Assess at least every 12 hours.
   • drug/concentration
   • pump settings
   • amount of drug remaining and amount infused
   • boluses delivered / boluses demanded
5. Verify the following (2 RNs verification) every twelve hours at minimum, with each bag
change, with each change in program settings and with each administration of a clinician-administered loading dose:

- Correct drug / concentration
- Programming of pump settings

6. Document (2 RNs verification) amount of drug wasted (volume in ml) with each bag change and when PCA is discontinued.

**NURSE CONTROLLED ANALGESIA**

1. The ordering physician may write an order for *nurse* controlled analgesia (NCA) for patients in ICU, CNICU, or PICU who are unsuitable candidates for PCA due to level of consciousness (i.e. sedation), psychological reasons, or limited intellectual capacity.

2. The appropriateness of nurse controlled analgesia is reassessed daily and as needed.

3. Before the patient is transferred out of ICU, CNICU, or PICU, nurse controlled analgesia is discontinued and the pain management plan will be revised.

**INFECTION CONTROL GUIDELINES**

1. Change PCA infusion bags and tubings every 96 hours.

**CROSS REFERENCE(S)**

*CLIN_138, Epidural and Intrathecal Analgesia: (Patient Controlled Epidural Analgesia (PCEA), Epidural Analgesia, And Intrathecal Duramorph)*

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