



ieMR Advanced

PCA/NCA – documenting

Medication Management

Quick reference guide

Observation documentation

Routine assessment of a patient receiving a PCA/NCA is ordered at hourly intervals through the Power Plan. If the nursing protocol has not been initiated at the time of ordering a PCA/NCA the RN can initiate these orders (see PCA/NCA Ordering for details).

TIP: Complete your assessment and documentation of your patients vital signs first (via [Managing Deterioration](#)).

To access pain infusion observations:

1. Navigate to [Care Compass](#), locate the patient record, click on the chevron to go to the [Activities](#) tab.
2. Highlight the [Pain Infusion Routine Observations Paed](#), [Pain Assessment Paed](#) and [Vital Signs Paediatric](#) tasks, click [Document](#) – this will take you to the [Activity View Band](#) in [Interactive View](#).

Instruction: Sedation Score: Monitor hourly for 24 hours
Comment: Assess for adverse effects (nausea, vomiti

Note, you should have already completed the vital signs, highlighting it will take it off your activities tab.

3. Complete [Pain Infusion](#) dynamic group information using the button on the REM BodyGuard pump.

Shift Totals

Elapsed Time
2:26/2:26

Boluses Attempted 10

Boluses Delivered 8

Clinician Bolus (0)

Total From Bolus 16mL

Pain Infusion..	
PCA/NCA/MCA/Continuous opioi...	
PI Number of demands:	10
PI Number of deliveries:	8
PI Continuous Infusion Rate:	1
PI Continuous infusion unit:	mL/hr
PI Total cumulative dose:	18
PI Total cumulative dose unit:	mL

Note: the volume infused (PI cumulative dose) will pull through to the patients fluid balance chart

4. Complete [Adverse Effects](#) and [Pain Assessment Paediatric](#).

Adverse Effects.. <input checked="" type="checkbox"/>	
Sedation score	1=Easy to rouse
Nausea	2 = Moderate, settled with treatm...
Pruritus (itch)	0=None
Respiratory rate	brpm 20
Signs of urinary retention	No
Pain Assessment Paediatric <input checked="" type="checkbox"/>	
Pain present	Yes actual or suspected pain
Unable to self report pain tools	-----
Able to self report pain tools	FACES pain scale - 3 years and older
FACES pain scale	4
FACES pain score	4
Acceptable pain intensity FACES	◇
Acceptable pain intensity FACES score	◇
Primary pain location	Leg
Primary pain laterality	Left
Primary pain quality	Sharp, Throbbing
Primary pain time pattern	Constant
Pain Associated Symptoms	None
Pain Negatively Impacts	-----
Secondary pain site	-----
Pain, Additional Sites	-----
Comfort Measures <input checked="" type="checkbox"/>	
Discomfort symptoms	Other: Spasm
Comfort measure patient response	-----
Comfort measures response	Comfort level increased

Note: [Sedation score](#) – link to reference text and actions.

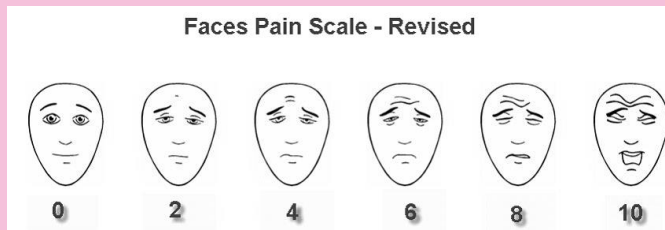




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0 = Awake	<ul style="list-style-type: none"> Continue to monitor patient's CEWT, sedation and pain score
1 = Minimally sedated (may appear tired / sleepy, appropriate response to verbal conversation and / or sound and is able to keep eyes open for 10 secs)	<ul style="list-style-type: none"> Increase monitoring of CEWT, sedation and pain score Recheck sedation score before administering additional sedating medication
2 Moderately sedated (somnolent / sleeping, easily roused with light tactile stimulation / simple verbal command but unable to keep eyes open for 10 secs)	<ul style="list-style-type: none"> Stop infusion and remove patient bolus but continue to monitor Ensure patient receives oxygen and monitor Withhold additional sedating medication (ur) Consider the need for naloxone Notify team leader Notify medical officer to review within 15 mins Monitor CEWT, sedation and pain score (min) If concerned, initiate Emergency Call
3 = Deeply sedated (rousable only with significant physical stimulation) OR Un-rousable	<ul style="list-style-type: none"> INITIATE EMERGENCY CALL Stop infusion and remove patient bolus but continue to monitor Ensure patient receives oxygen and monitor Determine need for naloxone Withhold additional sedating medication Monitor CEWT, sedation and pain score (min)

Note: **FACES** pain scale – link to tool



- When you have completed the documentation, select the to verify.

Documenting Fluid Balance via the MAR

- Navigate to the **Continuous Infusions** section of the **MAR**.
- Click the **Pending** task cell associated with the PCA/NCA order.
- The administration window will appear. Record **Infuse volume (mL)**.
 - For NCA – as the bolus volume(s) have already been recorded, only the continuous infusion volume (background rate) needs to be recorded. Using the information from the infusion pump, record the

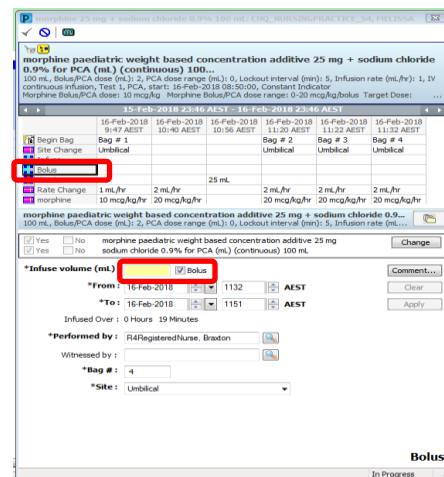
continuous volume infused. This will add to the fluid balance chart.

- For PCA – using the information from the infusion pump record the volume infused for the hour (infusion *and* bolus volume combined). This will display to the fluid balance chart.

- Click then the .
- Refresh **MAR**. Volume will appear in **Fluid Balance**.

Documenting a Nurse (NCA) Bolus

- Navigate to the **Continuous Infusions** section of the **MAR**.
- Click the **Pending** task cell associated with the PCA/NCA order.
- The administration window will appear. Select **Bolus** from the mini menu. Complete the **Infuse volume (mL)** field. Adjust the start and finish time to reflect the time the bolus was administered over (1-2mins).



- Click then the .
- Refresh the **MAR**.





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Note: See *Documenting Fluid Balance via the MAR* to document PCA bolus and background volumes on fluid balance.

Changing an Infusion Bag

1. Locate the order in **CareCompass**. Pain infusions will fall on the **PRN/Continuous** tab of the activity window.

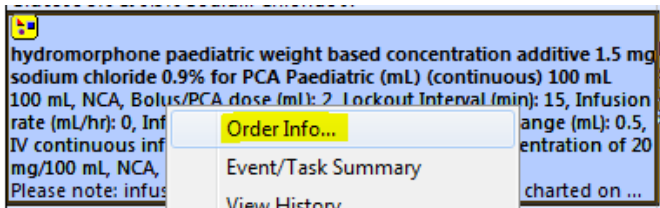
As you are unable to action medication orders from CareCompass you will need to navigate to the **MAR**.

Right click on the chevron beside the patient's name and select **MAR**.



2. Navigate to the **Continuous Infusions** section of the **MAR**.

3. Locate the order, right click and select order info



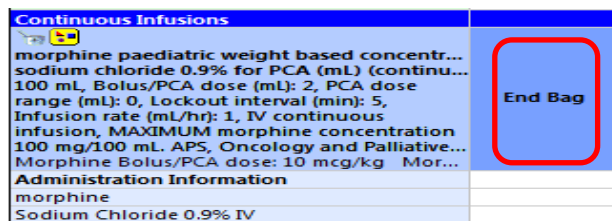
4. Review the order from the Order Information screen, ensure you see the Special Instructions and order comments.

hydromorphone paediatric weight based concentration additive 1.5 mg + sodium chlori								
Details	Additional Info	Comments	History	Results	Pharmacy	Validation	Ingredients	Compliance
Ingredients								
hydromorphone paediatric weight based concentration additive		1.5 mg, EB						
Details								
Total Volume	100							
Infusion Technique	NCA							
Bolus/PCA dose (mL)	2							
Lockout Interval (min)	15							
Background (continuous) infusion rate (mL/hr)	0							
Background (continuous) infusion rate range (mL/hr)	0-2							
Titrate instructions (incremental change) (mL)	0.5							
Volume Dose	100							
Volume Dose Unit	mL							
Route of Administration	IV continuous infusion							
Special Instructions	MAXIMUM hydromorphone concentration of							
Freertext Rate	NCA							

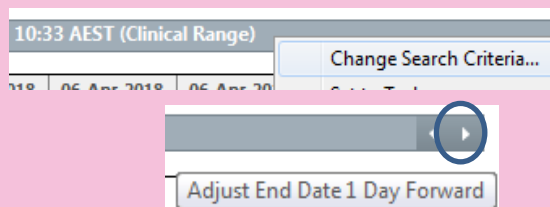
5. Prepare the infusion according to the order.

At the bedside:

6. Perform a verbal PPID and allergy check.
7. Change the bag in the PCA/NCA pump, measure the waste – do not start the pump yet.
8. Access the end bag task for the current bag from the MAR.



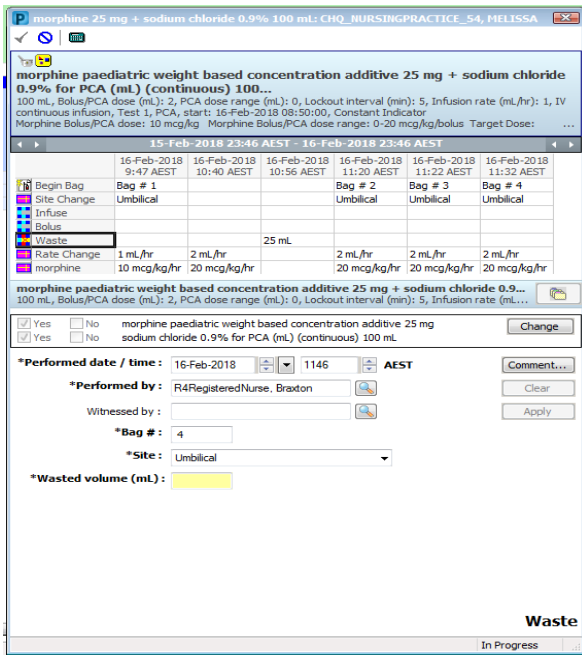
Note: If the End Bag task is not displaying change the date of the search criteria in the grey bar then using the arrows on the right to adjust forward





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- The administration window will appear.
- Select **Waste** from the mini menu.

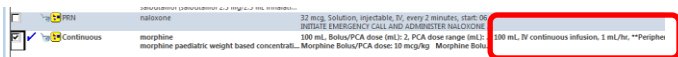


- Complete the **Witnessed by** and ***Wasted volume (mL)** fields for the bag being discarded.

- Click **Apply** Enter the nurse witness password.
- Click the **✓** to sign and save.

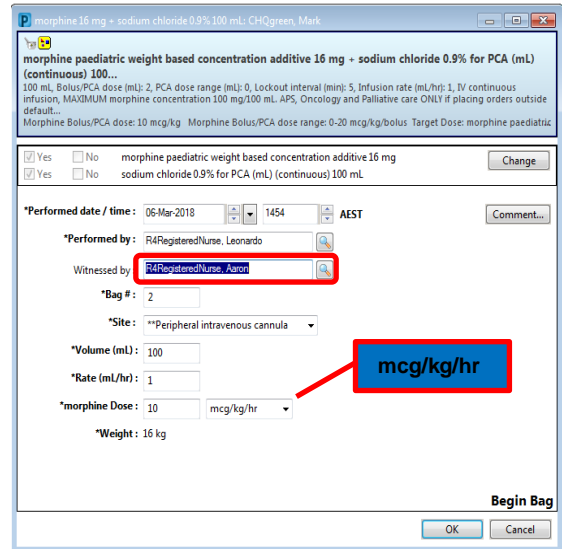
Commence new bag

- Open the **MAW** and perform barcode scanning.
- The orders list will open. Tick the box beside the pain infusion order. Click on the result column to complete the remainder of the required documentation.



- The administration window will open. Perform the required medication checks against the order and pump settings. The

Site & Rate (mL/hr), dose and dose unit will pre-populate according to the previous bag. Enter the nurse witness in **Witnessed by**.



- Click **Apply** Enter the nurse witness password.
- Click the **✓** to sign and save.
- Refresh the **MAR**.

Continuous Infusions	Pending	End Bag
morphine paediatric weight based concentration additive 12 mg sodium chloride 0.9% for PCA Paediatric (mL) (continuous) 10... 100 mL PCA, Bolus/PCA dose (mL): 2, Lockout Interval (min): 10, Infusion rate (mL/hr): 0, Incremental change (mL): 0, IV continuous infusion, MAXIMUM morphine concentration 100 mg/100 mL PCA, Start: 06/04/18 10:56:00 AEST, ... APS, Oncology and Palliative care ONLY if placing orders outsid...	Last bag started: 06-Apr-2018 11:21 AEST	
Administration Information morphine Sodium Chloride 0.9% IV		15 mL Waste A... 1.8 mg Auth (V... 15 mL Auth (V...

The Administration Information will now reflect begin bag task and a wasted drug amount.

- Document the bag change and confirm the pump settings in iView. Check that the pump settings have not been changed in error.





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Pain Infusion	
PCA/NCA/MCA/Continuous opioid infu...	
Is this a Maternity patient?	
Assessment type	New bag
Activity	
Infusion type	
Number of drugs infusing	
PCA mode	Continuous infusion, Nurse/Midwife controlled analgesia (NCA)
Discarded	
Discarded unit	
Pump settings checked & locked	Yes
Patient/Nurse/Midwife control bolus dose	2
Patient/Nurse/Midwife control bolus unit	mL
Lockout interval	minute(s) 15
Dose limit	
Dose limit unit	
Dose limit interval	hour(s)
Continuous infusion rate	0
Continuous infusion unit	mL/hr
Number of demands	
Number of deliveries	
Total cumulative dose	
Total cumulative dose unit	
24 hour cumulative dose	
24 hour cumulative dose unit	
Patent IV access	
Clinician bolus dose given	
Nurse/Midwife Witness	Yes
Comments	

Changing the Infusion Rate

- Navigate to the **Continuous Infusions** section of the **MAR**.
- Click the **Pending** task cell associated with the PCA/NCA order.
- The administration window will appear. Select **Rate Change** from the mini menu. Enter the new **Rate (mL/hr)** and **Witnessed** by fields.

- Click **Apply** Enter the nurse witness password.
- Click the to sign and save.
- Refresh the **MAR**.
- Navigate to the **Pain Infusion** section with **Paed Lines-Devices**.
- Document against **Assessment type** (select "Change of prescription"), **Continuous infusion rate** (enter new prescription rate) and **Continuous infusion unit (mL/hr)**, as well as any other relevant information relating to the infusion.

PCA/NCA/MCA/Continuous opioid i...	
Is this a Maternity patient?	No
Assessment type	Change of prescription
Activity	
Infusion type	PCA/NCA/MCA/Continuous opioid...
Number of drugs infusing	
PCA mode	Patient controlled analgesia (PCA)...
Discarded	13
Discarded unit	mL
Pump settings checked & locked	
Patient/Nurse/Midwife control bolus dose	
Patient/Nurse/Midwife control bolus unit	
Lockout interval	minute(s) 15
Dose limit	2
Dose limit unit	mL
Dose limit interval	hour(s)
Continuous infusion rate	1
Continuous infusion unit	mL/hr

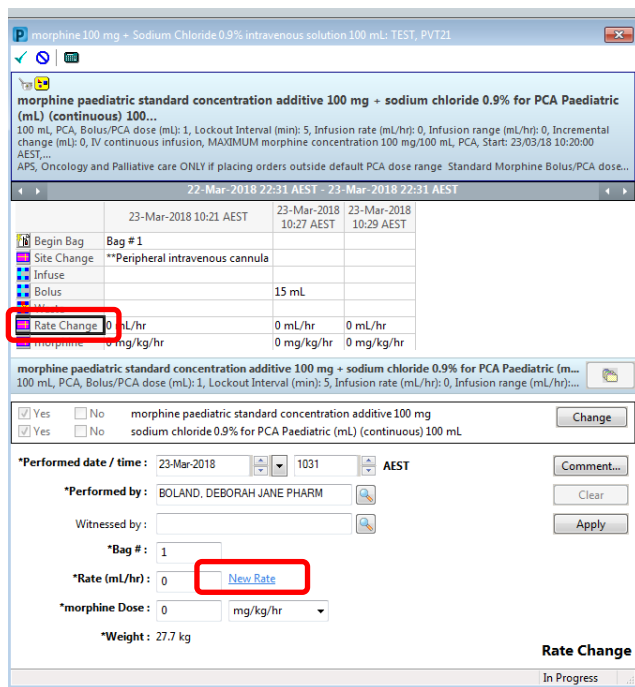
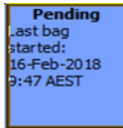




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Changing the Infusion Technique

1. Navigate to the **Continuous Infusions** section of the **MAR**.
2. Click the **Pending** task cell associated with the PCA/NCA order.
3. The administration window will appear, select **Rate Change** from the mini menu. A blue hyperlink **New Rate** appears beside the rate field – click this hyperlink.



4. The order will update to the changed technique, complete the **Rate** and **Dose** fields.

*Rate (mL/hr) :

*morphine Dose : mg/kg/hr

5. Complete the **Witnessed by** field.
6. Click **Apply** Enter the witness password.
7. **Apply** the change then save using the **✓**.
8. Refresh the **MAR**.

Documenting a Change to the Bolus Volume or Lockout

1. Tear off the order from the **MAR**. Open **iView** and locate the dynamic group for the infusion.
2. In assessment type enter **Change of prescription**.
3. **Activity** – Planned.
4. Select infusion type **PCA/NCA/MCA/Continuous opioid infusion**.
5. **Pump settings checked & locked** – Yes (click on blue writing for reference text if required).
6. Complete the appropriate fields including your changes as per the example below. (omit **dose limit** fields).

Pump settings checked & locked		Yes
◇ Patient/Nurse/Midwife control bolus dose		2
◇ Patient/Nurse/Midwife control bolus unit		mL
◇ Lockout interval	minute(s)	5
◇ Dose limit		◇
◇ Dose limit unit		◇
◇ Dose limit interval	hour(s)	◇
◇ Continuous infusion rate		1
◇ Continuous infusion unit		mL/hr
◇ Number of demands		0
◇ Number of deliveries		0

7. Enter **yes** into **Nurse/Midwife Witness**.
8. Re-attach the tear-off **before** saving and entering nurse witness password.
9. Click the **✓** to save.
10. A nurse witness box will open, search for the nurse witness by name.
11. Nurse witness to enter username and password and select ok.

Documenting for Change of Shift

1. Navigate to the **Continuous Infusions** section of the **MAR**.
2. Right click on the order and select **Order Information**.



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hydromorphone paediatric weight based concentration additive 1.5 mg sodium chloride 0.9% for PCA Paediatric (mL) (continuous) 100 mL NCA, Bolus/PCA dose (mL): 2 Lockout Interval (min): 15, Infusion rate (mL/hr): 0, Infusion range (mL): 0-2, Titration of 20 mg/100 mL NCA, Please note: infusion charted on ...	Order Info...
Event/Task Summary	View History...

Two RNs are to compare and confirm the order with the infusion bag contents and the pump programme.

hydromorphone paediatric weight based concentration additive 1.5 mg + sodium chloride								
Details	Additional Info	Comments	History	Results	Pharmacy	Validation	Ingredients	Compliance
Ingredients								
hydromorphone paediatric weight based concentration additive		1.5 mg, EB						
Details								
Total Volume	100							
Infusion Technique	NCA							
Bolus/PCA dose (mL)	2							
Lockout Interval (min)	15							
Background (continuous) infusion rate (mL/hr)	0							
Background (continuous) infusion rate range (mL/hr)	0-2							
Titrate instructions (incremental change) (mL)	0.5							
Volume Dose	100							
Volume Dose Unit	mL							
Route of Administration	IV continuous infusion							
Special Instructions	MAXIMUM hydromorphone concentration of							
Freetext Rate	NCA							

3. Navigate to **iView** and locate the dynamic group for the infusion.
4. In assessment type enter **Change of caregiver**.
5. Complete the following fields:
 - a. **Infusion type**
 - b. **PCA mode**
 - c. **Pump settings check & locked**
 - d. **Bolus dose**
 - e. **Bolus dose unit**
 - f. **Lockout interval**
 - g. **Continuous infusion rate**
 - h. **Continuous infusion unit**
 - i. **Line labelled and checked**
 - j. **Nurse/Midwife Witness**

Pain Infusion	
PCA/NCA/MCA/Continuous opioid infu...	
Is this a Maternity patient?	
Assessment type	Change of care giver
Activity	
Infusion type	PCA/NCA/MCA/Continuous opioid infusion
Number of drugs infusing	
PCA mode	Continuous infusion, Nurse/Midwife controlled analgesia (NCA)
Pump settings checked & locked	
Patient/Nurse/Midwife control bolus dose	2
Patient/Nurse/Midwife control bolus unit	mL
Lockout interval	minute(s) 15
Dose limit	
Dose limit unit	
Dose limit interval	hour(s)
Continuous infusion rate	0
Continuous infusion unit	mL/hr
Number of demands	
Number of deliveries	
Total cumulative dose	
Total cumulative dose unit	
24 hour cumulative dose	
24 hour cumulative dose unit	
Line labelled and checked	Yes
Patent IV access	
Clinician bolus dose given	
Nurse/Midwife Witness	Yes
Comments	

6. Click the  to save.
7. A nurse witness box will open, search for the nurse witness by name.
8. Nurse witness to enter username and password and select **ok**.

Glossary for Completing Pain Infusion Dynamic Group

The following list will be helpful when completing interactive view:

Is this a Maternity patient? No (when setting up the dynamic group), skip other times.

Assessment type select from the following list:

- **Routine** – use when setting up a new infusion or performing routine checks
- **Change of care giver** – use when documenting the check that occurs at change of shift or on patient transfer
- **Change of prescription** – use when documenting a change in prescription and subsequent pump settings e.g. increase in bolus, change of lockout
- **New bag** – new bags will be recorded in the MAR, however as pump setting can be inadvertently change during this activity record the pump settings and witness.



Activity select from the following list:

- **Planned** – use as default
- **Inserted** – do not use
- **Present on admission/transfer** – do not use
- **Discontinued** – do not use.

Infusion type

- **Epidural.**
- **Regional infusion** – select if using a pump.
- **PCA/NCA/MCA/Continuous opioid infusion.**
- **Single use infusor** – e.g. On-Q Pain Infusion.
- **Subcutaneous infusion** e.g. CADD pump. Do not use for NIKI pumps.

