

Documentation...

Patient Controlled Analgesia

1. **Verify PCA Setting & Clear the pump every 4 hours at 04-08-12-16-20-2400 & document.** This includes Drug, Mode, Loading Dose, Bolus Dose, Lock Out Interval, and Total Delivered.
2. For the **first 12 hours, document hourly Sedation & Pain Score.** Then, complete every 4 hours when clearing the pump.
3. **Document RN-RN Witness** when setting up the pump and changing the syringe, settings, and/or dose.

Patient Controlled Analgesia					
Opioid History	Opioid N...				Opioid N...
Drug	Morphin...				Morphin...
Mode	PCA Only				PCA Only
Loading Dose	2				
Loading Dose Units	mg				
PCA Bolus Dose	1				1
PCA Bolus Dose Units	mg				mg
PCA Lockout Interval	minute(s)	10			10
4 hr Limit Maximum Dose	30				30
4 hr Limit Maximum Dose Units	mg				mg
Continuous Basal Rate					
Continuous Basal Rate Units					
Booster Dose					
Booster Dose Units					
Booster Dose Source					
# of Attempts to Medicate					
# of Injections Delivered					
4 Hr Total Delivered (24-04-08-12-16-20)					12
Total Delivered Q4Hr Units					mg
Sedation Level	1 = Awak...	1 = Awak...	1 = Awak...	5 = Sleep...	1 = Awak...
Analgesic (Pain) Score (0-10)	3	4	4	3	4
Acceptable Level Goal (0-10)	3	3	3		3
Complications					
Other Interventions					
Nurse Witness/Verify Setup/Settings	Weitzel R...				
PCA Education Completed	Yes				
PCA Discontinued					

1
Document at 04-08-12-16-20-2400

2
Hourly for 1st 12 hours

3
RN-RN Witness