

Patient Name: _____ Room#: _____

Physician order for PCA:

Drug: _____	Concentration: _____	Lock Level: _____
Continuous/ Basal Infusion RATE (mg/hr): _____		DOSE (mg): _____
Lockout interval between DOSES (min): _____		
Maximum DOSES/ hr: _____		Total volume (ml): _____
Date: _____	Start time: _____	Prep by: _____

Note: Start a new sheet with each MEDICATION reservoir (bag)

Read pump q4h to ensure it is still working, before changing reservoir, and at changes in prescription

Date/ time	RES VOL (mls)	TOTAL GIVEN (ml)	Basal/Contin. Hrly RATE (mg/hr)	BOLUS/ Demand Dose (mg)	BOLUS Lockout minutes	# Bolus DOSES attempted	# Bolus DOSES given	Assessment		Resp. rate	S.C. site	Sign
								Pain Severity	Sedation Scale			

S.C. site is assessed for leaking (L), redness (R), swelling (S) and clear (CL). Indicate when site changed and location of new site.

***Pain Severity:** Please indicate the residents' self report of pain on a scale of 0 to 10, with 0 = 'no pain' and 10 = 'the worst pain ever experienced.'

Sedation Score

1 = awake and alert.

2 = occasionally drowsy, easy to arouse.

3 = frequently drowsy, arousable, drifts off to sleep during conversation.

4 = somnolent, minimal or no response to stimuli.

Intervention

Requires no action.

Requires no action.

Hold dose. Stimulate the patient and call physician for reassessment of opioid dose.

Hold all opioids and sedating drugs. Call physician immediately. **This is an emergency situation!**