Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician order for PCA:

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date/ time | RES VOL(mls) | TOTALGIVEN( ml) | Basal/Contin.  Hrly RATE(mg/hr) | BOLUS/Demand Dose (mg) | BOLUS Lockout minutes | # Bolus DOSES attempted | # Bolus DOSES given  | AssessmentPain SedationSeverity Scale  |   |  Resp.rate | SubCutsite | **Sign** |
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**SubCut 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** | **Intervention**  |
| **1 = awake and alert.**  | Requires no action.   |
| **2 = occasionally drowsy, easy to arouse.**  | Requires no action.   |
| **3 = frequently drowsy, arousable, drifts off to sleep during conversation.**  | Hold dose. Stimulate the patient and call physician for reassessment of opioid dose.   |
| **4 = somnolent, minimal or no response to stimuli.**  | Hold all opioids and sedating drugs. Call physician immediately. **This is an emergency situation!**  |