

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

| 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 Pain Sedation Severity Scale | Resp. rate | SubCut site | Sign |
|---------------|---------------------|-------------------------|---------------------------------------|----------------------------------|-----------------------------|-------------------------------|---------------------------|-----------------------------------------------------|---------------|----------------|------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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! |