Presbyterian Hospital
of Dallas

**Intravenous / Epidural / Subcutaneous / Incisional**
**Analgesia ❑ Analgesia ❑ Analgesia ❑ Analgesia ❑**

Drug _____ Strength _____ Volume_____

Drug _____ Strength _____ Volume_____

Verification of Pump Settings on Set Up: _____ RN _____ RN _____ Date _____ Time
Verification of Pump Settings on Admission to Unit: _____ RN _____ RN _____ Date _____ Time
Verification of Pump Setting Changes: _____ RN _____ RN _____ Date _____ Time

| Date Time | Cassette Number | Load/Bolus Booster Dose (mg/mcg) | Continuous (Basal) Rate (mg/mcg per hour) | PCA Dose (mg/mcg per dose) | Delay Interval | 1 hr/4hr maximum (mg/mcg) (Lockout) | Doses Attempted | Residual Volume | Actual Amt Taken Over 8 hrs (mg/mcg) | 0700 Actual Amt Taken Over 24 hrs (mg/mcg) | Pain Scale (0-10) | Arousal Scale (1-5) | Resp Rate | Amt Wasted (mg/mcg) | RN/ Initial |
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**Pain Scale:** 0 - 10
0 = No Pain 10 = Worst

**Arousal Scale:** **1** = Awake **2** = Occasionally drowsy, easy to arouse **3** = Frequently drowsy, drifts off to sleep during conversation
**4** = Sleeping, awakens only when aroused **5** = Unarousable

| Initials | Signature/Title | Initials | Signature/Title | Initials | Signature/Title |
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# CHARTING GUIDELINES: PCA FLOW SHEET

The PCA FLOW SHEET is designed for documentation of pertinent assessment data for the patient receiving intravenous (Peripheral, Central, PCA, Continuous, Bolus), and/or epidural analgesia. Multiple medications and/or delivery modes require use of separate flow sheets to provide clarity of documentation.

Use the following as a guide to document delivery/mode information and nursing assessment at least every 4 hours and whenever there is a bolus, change in settings, or patient condition.

**PARAMETERS**

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|---|---|
| 1. Intravenous, Epidural, Subcutaneous, or Incisional Analgesia: | Check (✔) the box to designate the route of analgesia administration. |
| 2. Drug/Strength: | Transcribe the name of the medication and concentration clearly from MD order sheet. |
| 3. Verification of Pump Settings: | Two RN's must verify pump settings on set up and on arrival to the unit and sign their names; date and time should be noted. |
| 4. Verification of Pump Setting Changes: | 2 RN's must verify any change to pump setting and sign their names; date and time should be noted. |
| 5. Cassette Number: | Enter the number of the current medication reservoir attached to the pump. Cassettes should be numbered in sequence according to the order of administration prescribed by the physician. |
| 6. Load/Bolus/Booster Dose: | Load dose is the initial dose of analgesic delivered in a single bolus and usually administered by a nurse or anesthesiologist. Bolus/booster doses are administered by nurses and/or anesthesiologists for breakthrough pain. |
| 7. Continuous (Basal) Rate: | Note number of mg or mcg per hour in this blank. |
| 8. PCA Dose: | Record the amount of analgesic that the patient can give as an individual dose. |
| 9. Delay Interval: | Record the minimal time between doses that the patient can give as an individual dose. |
| 10. 1 hr/4 hr Maximum (Lockout): | Record the total medication that can be given during a specific time frame (CADD pump: one hour, Abbott PCA pump: four hours). |
| 11. Doses Attempted: | Record the total number of times the patient pushed the PCA button. The Abbott PCA pump reports this as "PCA demands". |
| 12. Residual Volume | Record the amount of medication that still remains in the bag/cassette/ampule at the end of each 8 hours. |
| 13. Actual Amount Taken Over 8 hrs or 24 hrs: | Record the cumulative volume of patient, nurse, clinician and pump administered doses. Complete this every eight hours at end of the shifts 7-3; 3-11; 11-7, and every twenty-four hours at 7 a.m.. |
| 14. Pain Scale: | Record the patient's perception of the level of pain using the 0 - 10 pain scale. Assess pain at regular intervals, whenever the patient reports pain and following each pain intervention to evaluate its effectiveness. |
| 15. Arousal Scale: | Record the level of patient's arousal using the Arousal Scale. Record level each time pain is assessed. |
| 16. Respiratory Rate: | Record the patient's respiratory rate each time pain and arousal scores are documented. WNL is not an acceptable response. |
| 17. Amount Wasted: | Record amount not given to patient and discarded. Also, record amount wasted in PYXIS by following the PYXIS waste procedure. Documenting wastage in PYXIS is a legal requirement. |
| 18. Fill in each box individually. | Do not use arrows. |

*Source:* Presbyterian Hospital of Dallas.