

Registered Nurse Assisted Dosing of Adult Patient Controlled Analgesia -Nurse Assisted Analgesia (NAA)

Contents

Policy.....	1
Abbreviations.....	1
Scope/Audience.....	1
Associated documents.....	1
Criteria.....	1
Recordings and Documentation.....	2
Measurement/Evaluation.....	3
References.....	3

Policy

Patients assessed as needing assistance to fully utilise PCA must be selected, assessed and cared for according to this policy.

Abbreviations

NAA	Nurse Assisted Analgesia
PCA	Patient Controlled Analgesia
APMS	Acute Pain Management Service (available for Medical Surgical Cluster and Gynae ward only)

Scope/Audience

IV First Level or above Certificated Registered Nurses/Midwives working within the Christchurch Hospital or Gynae Ward environment

Associated documents

PCA Treatment Sheet C160012

[Adult PCA Policy](#)

Criteria

- Patients who have been assessed by the Acute Pain Management Service (APMS) or their primary Nurse/Midwife as

**The latest version of this document is available on the CDHB intranet/website only.
Printed copies may not reflect the most recent updates.**

not optimally utilising PCA analgesia and who would be capable of learning how to do so if they had a bridging period, where the Nurse/Midwife assisted them in the use of the PCA, should have the opportunity to receive NAA.

- NAA is intended for use in the situation where a co-operative patient requires assistance to utilise the PCA. It is not intended to be another way of giving IV opioid increments.
- Only under authorisation of the Acute Pain Management Service/Anaesthetist can Registered Nurse assisted dosing of Analgesia via a PCA infusion pump be commenced.
- The APMS/Anaesthetist shall assess the patient at least once per day.
- The only person who pushes the PCA button for the patient is their assigned Registered Nurse/Midwife for that shift.
- Background basal infusions via the PCA are not to be used without express permission from the Acute Pain Management Service.
- The administering Nurse/Midwife must:
 - Be an IV Authorised Person.
 - Be willing to assume responsibility for being primary pain manager.
 - Accept and respect patient's reports of pain as the best indicator of how much pain the patient is experiencing and knows how to use and interpret a pain rating scale.
 - Recognise the signs of pain and side effects and adverse reactions to the opioid.
 - Know how to contact APMS/Anaesthetist (in and out of hours).
 - Ideally have attended PCA Training Module.
- Provided that the Registered Nurse/Midwife meets the above criteria, the patient's Registered Nurse/Midwife on shift can delegate care in cases where they will be unavailable for a time – e.g.meal breaks.

Recordings and Documentation

- Requires hourly recordings on PCA Treatment Sheet (QMR004E).
- The PCA Treatment sheet (QMR004E) will be annotated and signed by the APMS/Anaesthetist for initiation of NAA.
- Before each dose is given, pain score, respiration, sedation score and other recordings must be made and a EWS calculated.

**The latest version of this document is available on the CDHB intranet/website only.
Printed copies may not reflect the most recent updates.**

- The dose is given, and a timeframe (approx 5 minutes – as per the machine ‘lock-out’ time) is allowed to pass. Dose given is documented on the PCA Treatment Sheet (QMR004E) at the time of administration.
- Pain score, respiration, sedation score and other observations including a EWS score are taken again, then if appropriate, another dose may be offered and given.
- This process of time lapse, recordings and incremental dose is continued in that order until the patient’s pain score is at an acceptable level to them.

Measurement/Evaluation

APMS review of individual patients daily
Incident management process

References

- McCaffery M, Pasero C (2010); Pain Clinical Manual
Mosby Institute Safe Medication Practices (2002); Use Faculty Reporting Bulletin No.40.
Pasero (1996) Alternative Use of PCA, American Journal of Nursing vol 96, (10) pp 66-68.

Policy Owner	Acute Pain Management Service Nurse Consultant
Policy Authoriser	Executive Director of Nursing and Chief Medical Officer
Date of Authorisation	15 December 2015

**The latest version of this document is available on the CDHB intranet/website only.
Printed copies may not reflect the most recent updates.**