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- PAIN SCORE 0 = No pain at rest OR movement
- 1 = Mild pain on movement
- 2 = Moderate pain on movement
- 3 = Severe pain on movement
- 4 = Continuous severe pain

# SEDATION SCORE 0 = Awake and alert

- 1 = Drowsy, but orientated
- 2 = Asleep, but rousable
- 3 = Disorientated 4 = Unrousable

### NAUSEA SCORE

- 0 = No nausea
- 1 = Nausea on movement only

**-♦**−

- 2 = Nausea at rest
- 3 = Active vomiting or retching
  4 = Persistent nausea/vomiting
  unrelieved by anti emetics

		RATE	SCORE		NAUSEA SCORE		TOTAL DOSE		REMARKS	SIGNATURE PRINT NAME		
FOUR HOURLY OBSERVATIONS												
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### St George's Healthcare **NHS** PCA (Adult) Supplementary Chart Patient Controlled Analgesia

0		I I a a si b a l a a	mh a r		10/-	Mord		DCA Number		Consultant			
Surname H		Hospital nu	Hospital number			Ward PCA Number			Consultant				
Forename Date of bird			th S	1 Doct	Doctor Ble		эер		GP				
				◯ F	:								
DATIENT (	CONTROLLED A	NAL OFCIA	Date			l		l		T		Ī	
	CONTROLLED A	NALGESIA	Date										
Drug (Approved MORPHINE SU		50mg											
	made up to 50m		Batch No.										
Bolus	Route	Lockout	Daton No.										
1mg	IV	5 mins	Time										
Hourly limit	Backgrour		Volume in										
8 / 10 / 12mg	N		syringe										
Doctor's Signat	ure	Date	Nurses' initials										
Additional Instru	uctions:	Pharm	Volume										
			discarded										
PATIENT (	CONTROLLED A	NALGESIA	Date										
Drug (Approved	d Name)												
FENTANYL		500mcg											
Normal Saline	made up to 50m	nls	Batch No.										
Bolus	Route	Lockout											
15mcg	IV Backgrour	5 mins	Time										
Hourly limit 120 / 150 / 180mcg	Volume in syringe												
Doctor's Signat	ure N	Date	Nurses'										
			initials										
Additional Instru	uctions:	Pharm	Volume										
			discarded										
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	CONTROLLED A	NALGESIA	Date										
Drug (Approved	l Name)												
			Batch No.										
Bolus	Route	Lockout											
Dolus	IV	5 mins	Time										
Hourly limit	Backgrour		Volume in										
	Y/N	/hr	syringe Nurses'										
Doctor's Signat	Doctor's Signature Date												
Additional Instru	uctions:	Pharm	initials Volume										
Tham			discarded										
PATIENT (	CONTROLLED A	Date											
Drug (Approved Name)													
	Batch No.												
Bolus	Route	Lockout											
Library Cont	IV	5 mins	Time										
Hourly limit Background infusion Y / N /hr			Volume in syringe										
Doctor's Signat		Date	Nurses'				_			1			
200101 0 Olgridiano			initials										//

### **BOLUS DOSES**

**-**◆

Additional Instructions:

Pharm

Volume discarded

Date	Time to be given	DRUG	Dose	Route	Prescriber		Administration			
					Signature	Bleep	Date given	Time given	Given by	Pharm

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## PATIENT CONTROLLED ANALGESIA NURSING OBSERVATIONS

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OBSERVATION	ACTION REQUIRED
RESPIRATION < 8 / min	STOP PCA Bleep the on call Anaesthetist (6111) & Remove the hand piece.  Document on chart action taken.
< 10 / min	STOP PCA Remove the hand piece. Increase monitoring frequency. Document on chart & Inform Doctor
> 10 / min	No Action required
asleep at night & > 10	Record asleep in the other scoring columns. Always record respiratory rate.
PAIN	
Continuous severe pain (4)	Bleep Acute Pain Service (6477) or On-call Anaesthetist out of hours (6111)
Severe pain on movement (3)	Encourage maximum use of PCA & ensure regular Paracetamol is given.  If the scores remain >2 contact Acute Pain Service (6477)
No pain / mild on movement (0-1)	PCA can be discontinued if:  Used less than 30mls in 24hrs and  Has had 24hrs of regular oral analgesia and  PRN analgesia is prescribed and  Pain is well controlled
SEDATION 4 = Unrousable	STOP PCA PUT OUT CRASH CALL (2222)
3 = Disorientated	Remove the hand piece (stop background infusion if any)
NAUSEA nausea or vomiting unrelieved by anti-emetics (4)	Bleep Acute Pain Service (6477) or On-call Anaesthetist out of hours (6111)
1-3	Ensure anti-emetics are prescribed and given as required. If an anti-emetic has no effect try another type. <b>Do not discontinue PCA as there is no reliable oral route for analgesia.</b>

**To contact the Acute Pain Service bleep 6477** 

To contact the on-call Anaesthetist bleep 6111

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- 3 = Severe pain on movement
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DATE	IIIVIE	RESP. RATE	SCORE	SCORE	SCORE	DEM/GOOD	DOSE	SYRINGE	HEMARKS	PRINT NAME		
						BASELINI	E:					
						/						
15 MIN FOR ONE HOUR:												
						/						
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						/						
1 HOURLY FOR FOUR HOURS:												
						/						
						1						
						/						
						/						
				4	HOURI	Y OBSEF	RVATIC	NS:				
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DO NOT GIVE ANY OTHER IMMEDIATE RELEASE STRONG OPIOIDS WHILST ON PCA