**TITLE:** Patient and Caregiver Controlled Analgesia in the Home Care Setting  

**PURPOSE:** To provide guidelines for safe and effective patient controlled analgesia and caregiver controlled analgesia through the use of a programmable infusion device in the home setting.

**DEFINITIONS:**

A. **Patient Controlled Analgesia (PCA):** is the self-administration of a parenteral opioid and/or local anesthetic by patients through the use of a programmable infusion device.

B. **Caregiver Controlled Analgesia (CCA):** is the administration of a parenteral opioid and/or local anesthetic by a designated caregiver to a patient who cannot self-administer due to functional limitations.

C. **Designated Caregiver:** A responsible adult involved in providing care to a patient in the home setting who has been trained in the appropriate administration of CCA. Competent adult patients will select their caregivers. Alternatively, legal representatives for adult patients will select appropriate caregivers. Caregivers for children should be biological parent(s), legal guardian(s), or their designate(s).

D. **Home Care Clinician:** Nurse, pharmacist, or physician providing support/oversight to care being provided in the home setting. (Examples include: visiting nurse, pharmacist or nurse from the infusion provider, and primary prescriber).

E. **Primary Prescriber:** Attending physician, House Officer(s), physician assistants, and nurse practitioners primarily responsible for the care of the patient as legally authorized under state or federal law.

F. **Basal Rate:** The rate of continuous infusion of an opioid and/or local anesthetic.

G. **Bolus Dose:** An amount of opioid and/or local anesthetic administered as a single, as-needed dose, which is rapidly infused via programmable infusion device.

H. **Bolus Lockout:** The minimum time interval between bolus doses.

I. **Dose Limit:** The maximum amount of an opioid and/or local anesthetic that may be administered in a given time interval (usually 1 hour or 4 hour interval), and includes the cumulative amount given from both basal and bolus doses during the interval.

**PROCEDURE:**

A. **Prescribing PCA orders**

1. **Elements of prescription**

   a. Drug name(s)

   b. Drug amount(s) per unit dispensed (and total amount authorized must be indicated both as spelled words (e.g. one hundred mg) as well as Arabic numerals for all C-II prescriptions).
c. Concentration
d. Quantity of units authorized (or authorize refills through specific date if Rx is not a controlled substance)
e. Route of administration (IV, Epidural, Subcutaneous, Peripheral Nerve, IT)
f. Basal Rate, Bolus Dose, Bolus Lockout, Dose Limit
g. Dose ranges and titration parameter for orders where titration is indicated (the titration component should indicate both the overall range of acceptable dosing, as well as the time and dosing limits on each incremental titration)
h. If Rx is for C-II, indicate “Patient is Terminal”, if this is the circumstance
i. Patient name, age, and address
j. Prescriber name, address, and (for C-II) DEA number

2. Pharmacists will review PCA orders for appropriateness and obtain all necessary clarifications as required by law and HCS policy regarding physician orders.

3. Orders for opioids via Home PCA are not acceptable when they are being prescribed concomitantly with other parenteral opioid delivery methods.

4. Prescribers must forward original copies of any Class II Controlled Substance prescriptions to the dispensing pharmacy.

5. Prescriptions will be transcribed to a HomeMed Prescription Template for PCA (see Exhibit 1). This transcribed order will be signed by a pharmacist. A second HomeMed clinician will co-sign the transcribed order, unless the order must be processed under urgent circumstances where a second clinician is not available.

6. Electronic Infusion Device Programming Sheets attached to the Prescription in the Medical Record (see Exhibit 2). The initial dosing information (basal rate and, if ordered, bolus dosing, lockout, and/or dose limit settings) will be recorded on this sheet at the time of dispensing. A second HomeMed clinician will co-sign the programming sheet, unless the order must be processed under urgent circumstances where a second clinician is not available. A copy of these documents will be given to the patient and both sets of documents (home and chart-copy) will be updated in the event of prescribed changes to dosage settings.

B. Electronic Prescription Order Entry

1. Prescriptions will be entered into the electronic order entry system and the accuracy of this entry will be reviewed and initialed on hard copy by a pharmacist. A second Home Care Clinician will also review and initial the completed prescription unless the order must be processed under urgent circumstances where a second clinician is not available.

C. Controlled Substance Record-Keeping

1. Record-keeping for PCA orders requiring the dispensing of controlled substances will comply with established HomeMed procedures as well as Federal and State laws and regulations.

D. Drug Preparation and Dispensing

1. All standard procedures for sterile compounding will apply to the preparation of PCA products. The HomeMed Medication Preparation Manual standards, or other appropriate pharmacy references will be followed whenever possible.
a. Preservative free components will be used for all preparations intended for peripheral nerve, epidural, or intrathecal routes of administration.

b. The compounded products will be formulated in units such that container changes will occur every 1 – 4 days whenever possible and will never exceed a 7-day interval.

c. The quantity of units dispensed will, whenever possible, ensure that an extra unit is available and may be used emergently in the unforeseen circumstance where the integrity of the currently infusing unit becomes compromised.

d. Accuracy of compounded products will be verified by a pharmacist.

e. In the event of an order change requiring a change in components or concentration, new product will be compounded and dispensed.

f. An auxiliary label will be affixed to each compounded product alerting “See Dosing Flow Sheet for Current Rate” (See Exhibit 3)

E. Ancillary Supplies

1. Standard supplies will be dispensed with all PCA orders to facilitate safe administration per standard HomeMed procedures.

   a. Two preprogrammed Electronic Infusion Devices (one primary and one back-up) will be dispensed to all patients on PCA.

   b. Bolus cord and carrying case/IV pole.

   c. Sufficient quantities of electronic infusion device tubing will be supplied such that the tubing may be changed with every bag change (or every 3 days for daily bag changes).

   d. An Electronic Infusion Device Programming Sheet (see Exhibit 2). This will be attached to a copy of the prescription.

   e. Educational materials detailing methods for safe administration will be provided to caregivers at the initiation of therapy

F. Electronic Infusion Device Programming

1. Electronic Infusion Devices will be programmed using the appropriate programming mode (e.g. Pain Management Program for infusion pumps).

2. Infusion rates will be entered in mL/hour (no concentrations will be used).

3. Electronic infusion device programming will be completed prior to dispensing, and as needed for titration and order changes after dispensing, using the prescription and Electronic Infusion Device Programming Sheets as a guide. **Pump reprogramming must be performed independently by two clinicians**, at least one of which is a HomeMed pharmacist (reprogramming in the home may be accomplished with telephone / read-back procedure between nurse and pharmacist).

4. Prior to start of infusion

   a. If a preprogrammed electronic infusion device was dispensed directly from HomeMed, the program that has been entered will be reviewed for accuracy by a second Home Care Clinician.
In the event that a pump was not dispensed by HomeMed (i.e. patient already possesses a HomeMed electronic infusion device), the pump program will be reviewed by a) 2 clinicians, or b) 1 clinician and the caregiver (see below).

G. Patient / Caregiver Training

1. Patients and caregivers will be provided with written and verbal drug information regarding the appropriate use of the medication(s) dispensed, the connection of the infusion, and operation of the infusion pump (including bolus cord), the signs of medication toxicity, and the reasons for which they should contact a Home Care Clinician or Primary Prescriber. Patients and caregivers will be instructed that the bolus button may only be pushed by the patient (for PCA) or by the designated caregiver (for CCA).

2. All training will be documented according to established HomeMed Procedures.

H. Initiation of Infusion

1. Medication administration will be initiated according to the Administration of Medications & Blood Components by Clinical Personnel: UMHHC-HCS 200.015

2. Electronic infusion device tubing will be primed with compounded drug product.

3. Initial connection to the infusion will be done by 2 clinicians whenever possible, and when not possible, by 1 clinician and 1 caregiver. Prior to connection, these 2 individuals will:
   a. Review accuracy of label on compounded drug product against the prescribed order (drug, diluent, amounts, concentration, infusion instructions, and route of administration).
   b. Review accuracy of electronic infusion device programming sheet against prescribed order, (checking for all elements of the prescription, including: concentration, basal rate, bolus dose, bolus lockout, dose limit, and container volume).
   c. Review accuracy of electronic infusion device program against the programming sheet.

I. Clinical Monitoring

1. At the time of the referral for PCA therapy, the pharmacist will confirm the level of clinical monitoring by HomeMed clinicians, which is requested by the prescriber. If monitoring is performed by the primary prescriber, the pharmacist will confirm that an appropriate alternative monitoring system has been established, and will document this plan with the initial referral.

2. When clinical monitoring is required by HomeMed, the requirements will be detailed on a patient-specific Care Plan for pain management per established procedures.
   a. The care plan will establish criteria and goals for assessing response to PCA, adverse events resulting from PCA, compliance with prescribed order, patency and integrity of parenteral access site/device, and appropriate use and storage of medication and supplies. The care plan will establish a frequency for assessment. Assessment will be obtained via information obtained from the patient, caregiver, visiting nurse, or prescriber. When goals are not met, clinicians will work with caregivers and/or visiting nurses to provide appropriate interventions, and will communicate progress and significant clinical events to prescriber as necessary.
   b. When the care plan requires pain assessment, this will be accomplished using established pain scoring scales (See Exhibit 5).
c. When the care plan requires assessment of sedation, this will be accomplished using an established sedation scoring scale (See Exhibit 6).

d. PCA orders may include a titration component (to basal or bolus dosing), at the discretion of the prescriber, to facilitate attainment of measurable care plan goals which may include parameters such as: number of bolus doses per given time period, pain score, sedation score, respiratory rate, mobility of extremities, and maintenance of bowel/bladder control.

e. PCA therapy may be stopped at the discretion of the Home Care Clinician when the patient’s condition warrants. The Home Care Clinician will notify the prescribing physician should this situation occur, and implement appropriate interventions.

f. Documentation of all clinical monitoring and interventions will be provided in the HomeMed Medical Record.

J. Order Changes

1. Titration Orders

a. Titration orders may be included on an original PCA prescription. Titration orders define parameters, which when met, allow for a change in the basal rate, bolus dose, lock out interval, or dose limit. The titration component should indicate both the overall range of acceptable dosing, as well as the time and dosing limits on each incremental titration. Assessment of the parameters will be made by a Home Care Clinician as established in the care plan, or through an alternate method as established by prescribers who elect not to have HomeMed Clinicians provide this service.

b. The limits of the titration should be clearly indicated on the original order, the HomeMed prescription template, the electronic prescription entry, and the compounded product label.

c. When changes in the programming of the electronic infusion device are necessary to accommodate titration orders, 1) A Home Care Clinician at the patient’s home will contact a Home Care Pharmacist to review current dose settings and patient’s clinical response 2) these two clinicians will agree on the new dosage settings and ensure that they are within the original parameters prescribed, 3) together they will ensure the accuracy of the updates to the dosage settings on the home and medical record copies of the Electronic Infusion Device Program Sheet (see Exhibit 2), and 4) the Home Care Clinician in the patient home will use this sheet to reprogram the electronic infusion device, obtaining verbal read back of accuracy from the pharmacist.

d. Documentation of the rate or dosage titration will require the following steps: 1) a Home Care Clinician will update the home copy of the Electronic Infusion Device Programming Sheet with the date and time, new dose settings, pain/sedation score or other reason for change, change per current or new order, and initials of nurse and pharmacist who made the change (see Exhibit 2), 2) a pharmacist will update the medical record copy of the Electronic Infusion Device Programming Sheet with the identical information, 3) a pharmacist will update the electronic entry of the prescription with the new dose settings, 4) a pharmacist will update the Medication section in MiChart to indicate the current infusion rate, and 5) a HomeMed clinician will document the change in the progress notes section of the HomeMed Medical Record using a Status Event Record.
2. Prescription Changes
   a. Prescribers must provide a new written order for the following prescription changes:
      i) basal rate, bolus settings, and dose limits which are different than doses, ranges, or limits prescribed in the previous prescription, or
      ii) choice of medication, or
      iii) concentration of preparation, or
      iv) diluent used in preparation
      v) authorization of additional quantity (refills) for Controlled Substances
   b. In emergent situations, verbal orders may be accepted by pharmacist or nurse (immediately reduced to writing and read back to prescriber), but the prescriber must provide a written copy, on the next business day, for any changes involving Class II controlled substance order changes.
   c. Upon receipt of the new order, all of the procedures listed in the above (under Titration Orders) will be applicable.
   d. When the new prescription requires a change in components (drug or diluent), or in concentration, then new compounded product must be dispensed. When the new prescription allows the same components and concentration, but indicates a change in infusion parameters, then it is at the pharmacists’ discretion whether to compound and dispense new product or to adjust the infusion device program and labeling of previously dispensed product.

Exhibits:
   1. HomeMed Prescription Template for PCA
   2. Electronic Infusion Device Programming Sheet for patients
   3. Pain Scoring Scales
   4. Sedation Scoring Scale

UMHHC/HCS References:
   2. Care Planning Process UMHHC-HCS 200.011
   3. Processing Controlled Substances UMHHC-HCS 243.011
   5. Medication, Supply, Equipment, and Patient Care Orders for Home Care Patients UMHHC-HCS 243.013
   6. Parenteral Infusion Device Programming Sheets UMHHC-HCS 243.031
   7. Pharmaceutical Admixture Processing UMHHC-HCS 233.029
   8. Status Event Record Processing HM UMHHC-HCS 243.029
   9. Medication Administration UMHS XXX
Approval and Revisions:

2. January 2013, revisions done regarding electronic ordering system.
3. September 2013, reviewed with minor change to content.
**HOME INFUSION PCA PRESCRIPTION**

**EXHIBIT 1**

**NAME:**

**CPI #:**

**ADDRESS:**

**DOB:**

**SEX:** [ ] M [ ] F

**DATE ORDERED:**

**ALLERGIES REVIEWED (SEE MED PROFILE):**

**ROUTE OF ADMINISTRATION**

- [ ] INTRAVENOUS
- [ ] SUBCUTANEOUS
- [ ] EPIDURAL (PRESERVATIVE FREE PREPARATION REQUIRED)
- [ ] PERIPHERAL NERVE (PRESERVATIVE FREE PREPARATION REQUIRED)

**DELIVERY METHOD**

- [x] INFUSION PUMP

**USING PROGRAMMING MODE:**

- [ ] CONTINUOUS
- [ ] BOLUS ONLY
- [ ] CONTINUOUS + BOLUS

**INITIAL PCA SETTINGS**

**BASAL RATE:**

- [ ] __________ MG/HOUR OR MCG/HOUR OR ML/HOUR

**BOLUS DOSE:**

- [ ] __________ MG OR MCG OR ML

**LOCKOUT INTERVAL:**

- [ ] __________ MIN

**MAXIMUM DISPENSING QUANTITY:**

- [ ] __________ MG OR MCG OR ML

**FIRST Dose ADMINISTERED**

- [ ] YES
- [ ] NO

**TITRATION -SEE BELOW**

**NO TITRATION ORDERED**

**TITRATION (AS PRESCRIBED BELOW) IS ALLOWABLE TO ACHIEVE AND MAINTAIN THE FOLLOWING CLINICAL GOALS:**

- [ ] Pain Score < _____ (2-10)
- [ ] Sedation Score > _____ (1-4)
- [ ] Resp Rate > _____, or < _____
- [ ] Gross Motor or Bowel/Bladder Function

**TITRATION FREQUENCY:** TITRATION CHANGES MAY NOT OCCUR MORE FREQUENTLY THAN EVERY _____ HOURS, MINUTES, DAYS

- [ ] Basal Rate: By increments of ______ MG/HOUR OR MCG/HOUR OR ML/HOUR
  - [ ] Within a range of ______ TO ______ MG/HOUR OR MCG/HOUR OR ML/HOUR

- [ ] Bolus: Dose by increments of ______ MG OR MCG OR ML
  - [ ] Within a range of ______ TO ______ MG OR MCG OR ML

- [ ] Bolus Lockout Interval: by increments of ______ MINUTES; and within a range of ______ TO ______ MINUTES

**DOSE LIMIT (BASAL + BOLUS): HomeMed Clinician may adjust to accommodate titration changes above**

**CALL ________ (PRESCRIBER) AT ________ (PHONE/PAGER) IF ABOVE CLINICAL GOALS NOT ACHIEVABLE WITH THESE THIS ORDER**

<table>
<thead>
<tr>
<th>CATHETER TYPE</th>
<th>DRESSING TYPE AND FREQUENCY</th>
<th>FLUSH SOLUTIONS</th>
<th>FLUSH VOLUME</th>
<th>FLUSH SOLUTIONS SEQUENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] PICC</td>
<td>[ ] Infusion Port</td>
<td>[ ] 0.9% Sodium Chloride, ______ mL</td>
<td>[ ] 2.5 mL</td>
<td>[ ] 2.5 mL</td>
</tr>
<tr>
<td>[ ] ML</td>
<td>[ ] Peripheral</td>
<td>[ ] Heparin 10 units per mL, 5mL</td>
<td>[ ] 5 mL</td>
<td>[ ] 5 mL</td>
</tr>
<tr>
<td>[ ] Broviac</td>
<td>[ ] Other: ________</td>
<td>[ ] Heparin 100 units per mL, 5mL</td>
<td>[ ] 10 mL</td>
<td>[ ] 10 mL</td>
</tr>
<tr>
<td>[ ] Hickman</td>
<td>[ ] Number of Lumens: ______ per week &amp; PRN</td>
<td>[ ] Heparin 1000 units per mL, ______ mL</td>
<td>[ ] ______</td>
<td>[ ] ______</td>
</tr>
</tbody>
</table>

**EQUIPMENT / SUPPLIES / NURSING**

- [ ] Ancillary Supplies and Equipment Necessary to Complete Therapy, PRN
- [ ] HomeMed Nursing Services
- [ ] Ancillary Supplies Per Laboratory Orders, PRN

**CULTURE RESULT(S) & / or DIAGNOSIS**

**ICD-9**

**LAB ORDERS / NOTES**

Call abnormal lab results to 1-800-862-2731. Fax all labs to 734-971-2221

**PHYSICIAN**

**DEA NUMBER:**

**ADDRESS:**

1500 E. Medical Center Drive, Ann Arbor, MI 48109

**ORDER OBTAINED BY:**

**FOLLOW-UP PHYSICIAN**

(initial last name, MD/DO)

**FOLLOW-UP SERVICE**

**DOUBLE CHECKING CLINICIAN:**

[ ]

[Signature]

A home care clinician can be reached by calling 1-800-UM-CARE-1 (1-800-862-2731), 24 hours per day, 7 days per week.

List # 8171-01
**RESTARTING THE GEMSTAR PUMP PROGRAM**

**INSERT TUBING INTO THE PUMP**

Press the ON/OFF key to turn pump on.

*ON-SITE TEST IN PROGRESS*

Press [ENTER] key to resume program.

Screen display:
1 = RESUME PROGRAM
2 = CLR PROG & SHIFT
3 = CLR PROG. SHIFT & HISTORY

**PROGRAM REVIEW**

Press [YES/ENTER] key to review.

**WHEN REVIEW COMPLETE**

Press [CHANGE] key.

* REMOVE AIR FROM TUBING BY PRESSING THE PURGE KEY BEFORE CONNECTING TO THE IV CATHETER.*

Press [START] key.

**IF YOU ARE CONNECTED TO YOUR PUMP AT ALL TIMES AND NEED TO CHANGE YOUR IV BAG**

Press [STOP] key.

* ON THE DAY YOU CHANGE YOUR TUBING, REMOVE AIR BY PRESSING THE PURGE KEY BEFORE CONNECTING TO THE IV CATHETER.*

Press [CHANGE] key.

Press [#1] key for NEW CONTAINER

Press [START] key.

See reverse side for pump programming details.

---

**PAIN SCORING SCALES**

**Numeric Rating Scale:** Ask the patient to rate their pain intensity on a scale of 0 (no pain) to 10 (the worst pain imaginable). Some patients are unable to do this with only verbal instructions, but may be able to look at a number scale and point to the number that describes the intensity of their pain.

**Wong-Baker Faces Pain Rating Scale:** Ask the patient to choose the face that best matches how they feel or how much they hurt.

---

**FLACC Scale:** The FLACC scale can be used with patients who are unable to self-report pain. Each of the five categories (Face, Legs, Activity, Cry, Consolability) is scored from 0-2 and the scores are added to get a total score from 0-10.

<table>
<thead>
<tr>
<th>Face</th>
<th>Legs</th>
<th>Activity</th>
<th>Cry</th>
<th>Consolability</th>
</tr>
</thead>
<tbody>
<tr>
<td>No expression or smile</td>
<td>Internal position or raised</td>
<td>Walking, sitting, or standing</td>
<td>No cry (sneak or sleep)</td>
<td>Content, relaxed</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**Sedation Score**

<table>
<thead>
<tr>
<th>Procedure for a sedation assessment: Observe the patient</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patient awaken, then check if patient is alert</td>
<td>Score 0</td>
</tr>
<tr>
<td>- Patient appears sleepy or to sleep for amount: ask patient’s name. If patient responds to voice,姓名命令, or opens eyes Score 1</td>
<td></td>
</tr>
<tr>
<td>- Patient asleep, and does not respond to voice by asking your patient’s name loudly. If patient increases in stimulants is required for patient to awaken Score 2</td>
<td></td>
</tr>
<tr>
<td>- Patient asleep, and does not respond to name or waves</td>
<td>Score 3</td>
</tr>
<tr>
<td>- Patient asleep, and does not respond to name or waves</td>
<td>Score 4</td>
</tr>
<tr>
<td>- Patient asleep, and does not respond to name or waves</td>
<td>Score 5</td>
</tr>
</tbody>
</table>
SEE PUMP PROGRAMMING SHEET FOR CURRENT SETTINGS

SEE PUMP PROGRAMMING SHEET FOR CURRENT SETTINGS

SEE PUMP PROGRAMMING SHEET FOR CURRENT SETTINGS

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SEE PUMP PROGRAMMING SHEET FOR CURRENT SETTINGS
1-800-862-2731

About Patient (or Caregiver) Controlled Analgesia (PCA)

For the treatment of some types of serious pain, pain medication can be administered by an infusion pump programmed to give the medication according to your doctor’s orders. Your doctor may allow dosage adjustments to give you optimal pain control. This type of infusion is known as Patient Controlled Analgesia (PCA). For younger patients, and older adults who are physically or mentally unable, a designated adult can help the patient in providing Caregiver Controlled Analgesia (CGA).

The PCA pump can work in three ways:

1) Bolus only: The pump is programmed such that a dose of medication is administered only when the pump bolus button is pushed by the patient or caregiver. A certain amount of time will be required between bolus doses (lockout time) to avoid over dosage. After pushing the bolus button, it usually takes about 5 to 10 minutes for the medication to start working. It can take up to 30 minutes for it to reach full effect.

2) Basal Rate Only: The pump can be programmed to administer a continuous flow of pain medication.

3) Basal Rate plus Bolus: The pump is programmed to administer a continuous flow of pain medication and extra doses can be given by pushing the bolus button.

Frequently asked questions about Patient (Caregiver) Controlled Analgesia:

1. Who can push the PCA bolus button?
   You or your caregiver who has been given permission by your doctor may push the button. You will be instructed how to:
   - assess pain
   - demonstrate safe PCA use
   - Trouble shoots the alarms on your infusion pump

2. If the patient is waking up in pain… can a caregiver push the PCA bolus button a few times during sleep so that the patient does not wake up in pain?
   No one should press the PCA button for a patient while they are asleep. This is unsafe. When asleep, it is difficult to tell if they are overly sedated, unless they are awakened. When someone is sedated, it is unsafe to give extra pain medicine. If the patient is frequently waking up in pain, notify the homecare clinician or doctor.

3. If the patient hurts more when moving and/or getting out of bed, can the PCA bolus button be pushed to prevent the pain?
   Pain often increases with movement, so it is a good idea to give a PCA bolus dose 10 to 15 minutes before activity is planned. This gives the medicine enough time to start working. Remember; never press the PCA button if the person is asleep.

4. When can the bolus PCA button be pushed?
When a person is in moderate to severe pain or prior to a painful activity, such as getting out of bed.

5. **How can I tell if a person is in pain?**
   There are a number of ways to determine if a person is in pain:
   
   Pain is often assessed on a scale of 0-10, with 0 being no pain and 10 being the worst pain. Depending on the patient’s age, you should use one of the methods described on the last page of the handout to obtain a pain score.

6. **How can I tell if the person is receiving too much pain medication?**
   Too much pain medication may cause side effects. The specific side effects will depend on the type of medication. In general, the dose may need to be decreased if a patient experiences lack of motor coordination, loss of bowel or bladder function, or excessive sedation. Your prescription will indicate acceptable limits for these side effects.

7. **Why is monitoring respiratory rate important?**
   One rise and fall of the chest is counted as one breath. A caregiver can count the respiration rate by placing the hand lightly on the chest to feel it rise and fall. Count the number of respirations for a 30-second interval and multiply by 2.

   Normal respirations range from 12 to 20 breaths per minute. Call your Home Care Clinician or doctor, if the respiration rate is less than 12 and he/she is sleepy or is confused.

1. **When should I call the homecare clinician or doctor?**
   Call for one or more of the following:
   a. pain is not relieved
   b. excessive sleepiness
   c. slow breathing (less than 10 or greater than 30 breaths per minute)
   d. severe restlessness
   e. other side effects, such as, nausea, vomiting, itching
PAIN SCORING SCALES

Numeric Rating Scale

Ask the patient to rate their pain intensity on a scale of 0 (no pain) to 10 (the worst pain imaginable). Some patients are unable to do this with only verbal instructions, but may be able to look at a number scale and point to the number that describes the intensity of their pain.

Wong-Baker FACES Pain Rating Scale

Ask the patient to choose the face that best matches how she or he feels or how much they hurt.

![Wong-Baker FACES Pain Rating Scale](image)

This scale can be used with young children (sometimes as young as 3 years of age). It also works well for many older children and adults as well as for those who speak a different language. Explain that each face represents a person who may have no pain, some pain, or as much pain as imaginable. Point to the appropriate face and say:

0: “This face is happy and does not hurt at all.”
2: “This face hurts just a little bit.”
4: “This face hurts a little more.”
6: “This face hurts even more.”
8: “This face hurts a whole lot.”
10: “This face hurts as much as you can imagine, but you don’t have to be crying to feel this bad.”

FLACC Scale

This scale can be used with patients who are unable to report pain. Each of the five categories (Faces, Legs, Activity, Cry, and Consolability) is scored from 0-2 and the scores are added to get a total from 0-10.

<table>
<thead>
<tr>
<th>Category</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>No particular expression or smile</td>
<td>Occasional grimace or frown, withdrawn, disinterested</td>
<td>Frequent to constant frown, clenched jaw, quivering chin</td>
</tr>
<tr>
<td>Legs</td>
<td>Normal position or relaxed</td>
<td>Uneasy, restless, tense</td>
<td>Kicking, or legs drawn up</td>
</tr>
<tr>
<td>Activity</td>
<td>Lying quietly, normal position, moves easily</td>
<td>Squirming, shifting back &amp; forth, tense</td>
<td>Arched, rigid, or jerking</td>
</tr>
<tr>
<td>Cry</td>
<td>No Cry (awake or asleep)</td>
<td>Moans or whimpers, occasional complaint</td>
<td>Crying steadily, screams or sobs, frequent complaints</td>
</tr>
<tr>
<td>Consolability</td>
<td>Content, relaxed</td>
<td>Reassured by occasional touching, hugging, or “talking to.” Distractable</td>
<td>Difficult to console or comfort</td>
</tr>
</tbody>
</table>
Sedation assessment requires the evaluation of a patient’s response to a graded stimulus

<table>
<thead>
<tr>
<th>Procedure for a sedation assessment</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe patient</td>
<td></td>
</tr>
<tr>
<td>• Patient awake, then check if patient is alert.</td>
<td>Score = 0</td>
</tr>
<tr>
<td>• Patient appears sleepy or is asleep but arouses easily. Say patient’s name. If patient responds to voice, follows commands, or in infants, open eyes.</td>
<td>Score = 1</td>
</tr>
<tr>
<td>• Patient is asleep, and does not respond to noise or calling name. Gently touch/stimulate by stroking or rubbing patient’s arm/leg while saying patient’s name loudly. If this increase in stimulus is required for the patient to arouse.</td>
<td>Score = 2</td>
</tr>
<tr>
<td>• Patient asleep, and does not respond to name or gentle touch. Shake patient’s shoulder, massage back or move extremities while calling name loudly. If patient awakens, but immediately falls back to sleep and unable to interact.</td>
<td>Score = 3</td>
</tr>
<tr>
<td>• Patient asleep, &amp; does not awaken to ↑ stimulus, apply noxious stimuli (e.g. sternal rub, &lt; 5 sec nail bed pressure)</td>
<td>Score = 4</td>
</tr>
</tbody>
</table>