PCIA Cessation

Ceasing a PCIA by "PCIA competent" ward RN, RM, or parent medical team:

Note: Enrolled nurses and graduate nurses require endorsement by a senior competent nurse (clinical nurse specialist, associate nurse manager or unit manager) if they believe a patient is suitable for CEASED.

The following criterion provides staff with the knowledge to confidently identify when a patient is ready to have their intravenous PCIA ceased. These patients must reach certain criteria in order for parent team or nurses to initiate cessation of the PCIA and change to oral analgesia.

CEASED CRITERIA (Appendix A)

C = Current or planned activity produces mild pain in relation to FAS (functional activity score.

E = Evidence of gut function/motility.

A = Analgesic use is low, <40mg IV PCIA morphine equivalent per 24hr (<40mg Oxycodone/200mcg <Fentanyl per day).

S = Step down analgesia is charted, note sublingual Buprenorphine can be utilised if gut function not established, patient must be able to follow instruction "do not swallow, allow to dissolve under tongue". Follow COOLED criteria to convert Sublingual Buprenorphine to oral analgesia. (Appendix C).

E = Exception for nurse cessation is presence of chronic/persistent pain, opioid tolerance, history of substance abuse, adjunctive such as ketamine or regional infusion in progress or nurse unsure.

D = Discuss changes with patient and report CEASED criteria instigated to Acute Pain Service (APS). Report inadvertent subsequent uncontrolled pain to APS.

Process for ceasing PCIA.

1. Patients can be identified as appropriate for ceasing their PCIA by parent team or nursing staff using the CEASED criteria during the patient assessment.
2. All criteria must be met and ideally documented before parent team/ nursing staff can cease the PCIA, the APS medical staff must be notified/consulted. The prescriber can then chart the appropriate step-down analgesia, if not already charted.
3. Discuss plan to change to step down analgesia with the patient. Inform them the PCIA will be ceased, and they will be prescribed oral analgesia for pain which they have to request or ask for.
4. Administer oral opioid approximately 1 hour prior to stopping PCIA.

5. Cease PCIA and continue with oral regime as charted.
6. Continue evaluation and documentation of pain scores. Observation regimen on MR/590.0 should continue for at least 4 hours post cessation of PCIA.

Step down analgesia

Patients that have had small PCIA requirements *or short-term use* will not need slow release (SR) medication (i.e.: OxyContin., Tagin.) charted. Immediate release.

1. PRN medications (i.e.: Oxycodone) is likely to be sufficient with regular Paracetamol.
    a. *Examples of small PCIA requirements are:
        i. Morphine PCIA < 25mg in 24-hour period.
        ii. Oxycodone PCIA <25mg in 24-hour period.
        iii. Fentanyl PCIA < 300microg in 24-hour period (mindful Fentanyl, short duration action 30minute).
    b. *Example of short-term use is <36 hours.
2. Prescribing of slow-release medications requires a stop date or review date for both in-hospital or discharge medications instruction whichever is appropriate.

Parent Team or Registered Nurses Responsibility:

1. Follow the CEASED criteria.
2. Ensure that medical staff have ordered step down analgesia on the patients Medication Chart.
3. Ensure that Pain scores continue to be recorded and any deterioration reported to the Parent Unit or APS.
4. Nursing staff should document in the progress notes when a patient meets CEASED criteria and when the PCIA is ceased.
5. Identify patients whose CEASED criteria have changed and notify APS.

Exceptions where **CEASING criteria cannot be instigated,** where the **PCIA management** remain the **responsibility of <u>APS ONLY:</u>**

1. Patients with a **regional infusion** in progress in **addition** to PCIA, the regional catheter and the PCIA WILL REMAIN under the care of the APS.
2. Patient who has had **Intra thecal morphine** <36hrs ago.
3. The patient has **chronic pain.**
4. The patient is **opioid tolerant.**
5. There is a history of **substance abuse.**
6. The patient has a **ketamine infusion** in progress.
7. The parent team /nursing **staff** are **unsure.**
8. The **patient refuses.**

After PCIA is discontinued:

1. IV access should remain in place for 4 hours.
2. Patient can have subcutaneous narcotics after 1 hour if required for pain crisis APS Registrar to be notified *280.

Ceasing administration and removing cassette from pump

1. Dispose of medication bag and record unused amount. (Refer to CPP medication security practices)
    - Dispose of administration line in appropriate waste bin, or equivalent in ward area.
    - Remove batteries from pump.

Practice Point:

- Consider the need to administer step-down analgesics, 1 hr prior to discontinuing PCIA/Infusion.
- Record unused (discarded)amount on prescription form MR/675.00.
- Record final amounts (volume) on Analgesic infusion observation chart MR/590.
- Cap injection ports once analgesic line(s)removed.
- Routine cleaning of pump equipment, wrist strap and handset - wiped with a combined detergent /disinfectant-based wipe.
- Handset and batteries are placed in security shell. Don't leave batteries in pump.
- Pump is re-secured into security shell for return to PAR.

Exert of MR 675.00 (refer Appendix E)

Volume Discarded Method Discarded	Date & Time Discarded	Ward	Name (Discarded) Name (Checked)
mL			

Exert of MR 590 (refer Appendix F)

Parenteral analgesics		
	Clinician loading dose	
Pump 1	PCA dose given	
	PCA dose attempt	
	Continuous rate	
	Total given amount	
Pump 2	Ketamine infusion rate mg/hr	
	Total given amount mg	
Regional analgesia		
Clinician loading dose		
Pump 3	PCEA dose given	
	PCEA dose attempt	
	PIB mL	
	Continuous rate mL/hr	
	Total given amount mL	
	Comments	

In Comment section identify pump delivery total and dose given/attempted parameters cleared at bag change

Troubleshooting pump alarms:

1. Air in line, low battery, downstream occlusion upstream occlusion, delivery limit reached etc.
2. Refer to ward reference guides for CADD Solis pump Appendix F.