

Greenwich Hospital Education Department

Teaching Plan

Program Title: 2018 RN Annual Competency Day: Programming and use of IV PCA pump

Date: April 12, 2018-August 1, 2018

Location: Greenwich Hospital

Speaker: Education Specialists

Purpose: Review of CADD –Solis Ambulatory infusion pump. Programming, nursing care related to medication and opioid administration, documentation.

Topic	Objective	Content	Method/Resources
CADD Pump setup and programming	Complete initial setup and programming for Adult IV PCA order	<ul style="list-style-type: none"> • Assemble supplies and CADD pump equipment • IV setup: • Y-anti reflux tubing connector • Medication cassette • Cassette extension tubing • CADD Pump • Program pump per MD order for Adult IV Opioid • Type of Medication: <ul style="list-style-type: none"> morphine, hydromorphone, fentanyl • Concentration • Basal rate • Demand Dose • Lockout interval in minutes • Total Maximum dose (mg/hr) • Loading Dose & <ul style="list-style-type: none"> Clinician Bolus dose • Programming of pump: Open order: two nurses visually and verbally verify settings of pump and dual sign off in EMR • For Medications and concentrations not available in basic CADD pump programming: contact Anesthesia and Pain management dept 	<ol style="list-style-type: none"> 1. Equipment: <ul style="list-style-type: none"> • CADD Solis Infusion pump • CADD Medication Cassette • CADD Extension Set • Y- anti-reflux tubing • PCA Key 2. EPIC PCA order set: AN IP Adult Parenteral PCA Generic 3. Demonstration/Return demonstration of sample order.
Patient Monitoring	List the nursing assessments	<ul style="list-style-type: none"> • Assessments to be completed: <ul style="list-style-type: none"> ○ Vital signs: respiratory rate, O2 saturation 	Patient Controlled Analgesia Policy GH, 10/16

	for patients receiving PCA analgesia therapy	<ul style="list-style-type: none"> ○ LOC ○ Pain ○ Pasero POSS ○ Side Effects ○ Related risk factors/considerations ○ Ambu bag at bedside ● Frequency of assessments <ul style="list-style-type: none"> ○ First hour ○ Every 30 min post additional intervention (bolus, change in dose, rate) ○ Every four hours when stable ● Notify provider for: <ul style="list-style-type: none"> ○ Resp rate <8, Systolic BP,90; O2 sat < 92%, Disorientation/ somnolence, N&V & pruritis not responsive to therapy, change in LOC ○ Naloxone for opioid reversal ● No additional opioids, sedatives, anxyolitics, hypnotics unless ordered by pain management/anesthesia ● Actions if pain not adequately controlled: <ul style="list-style-type: none"> ○ Check the pump/IV line for proper functioning ○ Review Given/Attempt history ○ Communication with MD regarding: basal rate, dose, maximum dose, type of narcotic ○ Consideration of other multimodal medication therapy 	EPIC PCA order set: AN IP Adult Parenteral PCA Generic
Documentation	Identify requirements to document in EMR:	<ul style="list-style-type: none"> ● Use Pain management flowsheet: <ul style="list-style-type: none"> ○ Vitals, O2 sat ○ Pain 	<ul style="list-style-type: none"> ● Documentation: <ul style="list-style-type: none"> ● EPIC Pain Management Flowsheet

	Medication, assessments, patient education	<ul style="list-style-type: none"> ○ Pasero score ● PCA order will be listed ● Record order details <ul style="list-style-type: none"> ○ Reservoir volume ○ Basal rate ○ Demand/PCA dose ○ Lockout interval ○ Bolus dose ○ 1 hour limit ○ Number of doses given ○ Number of doses attempts ○ Dose received (mg) ○ Volume infused (ml) 	<ul style="list-style-type: none"> ● Patient Education
Other PCA information	Discuss other nursing considerations related to PCA therapy	<ul style="list-style-type: none"> ● Medication compatibility in IV line ● Location of PCA key: MedPyxis: Key-CADD PCA ● PCA security code: 021 ● Use Pharmacy as resource ● Peri-neural blocks for joint cases 	