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<th><strong>POLICY DESCRIPTION:</strong> Patient Controlled Analgesia (PCA)</th>
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### Patient Controlled Analgesia (PCA)

**SCOPE:**
Poudre Valley Hospital EMS and represented Northern Colorado services [See page 1]

**PURPOSE:**
To define the procedure for attending a patient on Patient Controlled Analgesia

**INDICATIONS:**
A. Hospitalized patients already receiving PCA may continue this therapy during interfacility transportation.
B. PCA is a patient controlled device and does not normally require caregiver intervention during transport.

**CONTRAINdications:**
A. Hypersensitivity to any ingredient in the product.
B. Transport of patients on PCA requires an ALS attend, and is used for interfacility transport only.

**PROCEDURES AND GUIDELINES:**
A. Patient must have tolerated PCA without complication for a minimum of four hours prior to transport. If less than four hours contact medical control.
B. Identify the patient, medication, delivery rate, and dose, and confirm with direct written orders from transferring physician. Verify and document IV site, type of catheter, and any problems with IV site [Inflammation, signs of infiltration or infection].
C. Ambulance personnel should not adjust, reprogram, unlock, change, or press the button to administer PCA medications.
D. Remove the PCA pump from the IV pole. This must be done with a key. For transport, the pump can be placed on the stretcher.
E. If the PCA pump malfunctions, it will display a message. If you cannot access the required button, you can press the "reset/silence" button. Doing that will put the PCA pump in pause mode.
F. The pump can be set to deliver a certain amount of medication within a certain time period. If the patient is not getting the relief, it may be that the limit has been exceeded.
G. If signs of infiltration or hypersensitivity develop during transport, discontinue medication. Treat hypersensitivity per protocol.
H. Some PCAs can also administer a continuous infusion. Disconnect the PCA unit from the patient if there is any suspicion of a malfunction or overdose.
I. If respiratory insufficiency occurs, stop the PCA pump and consult the base station. Patients on PCA require continuous monitoring of vital signs, level of consciousness, oximetry, capnography, and sedation/pain scoring. These findings should be documented on your trip sheet.
ADDITIONAL CONSIDERATIONS:

A. PCA is a method of administering IV opioid via an infusion pump which allows the patient to titrate the dose of opioid delivered to their requirement within pre-set limits. The patient activates delivery of an opioid bolus by pressing a held button. The machine is set with a “lock-out” time during which no drug will be delivered, even if the button is pressed.

B. If additional pain control should not be administered without a direct written from the transferring physician, or a direct verbal order from online control.

REFERENCES: