

PCA DOCUMENTATION CHECKLIST (PC.20) KD HUB



INITIATION PHASE / DRUG CHANGE BASELINE VITAL SIGNS Step 1 Document the baseline vital signs in the PCA/Controlled Med Drip Vital Signs section. Must include Pain, RASS, Respiratory Rate, Respiratory Quality, SpO2, and SpO2 location. **PCA SETTINGS** Step 2 Document ALL of the following exactly from the Order in the PCA Settings section. Assessment Type: **NEW BAG** (Syringe) П Narcotic: Drug Name П Concentration **Loading Dose PCA Demand** Lockout Interval П 4-hour limit Continuous Dose. If no continuous dose ordered, leave it blank Step 3 **PCA VERIFICATION** This section is to be completed by the primary nurse. Then the witness will verify and co-sign. Document ALL of the following in the PCA Verification section. Verification Type: **INITIAL SET-UP Independent Verification:** Correct PCA Drug **Correct PCA Concentration Entered** 0 Correct PCA Dose and/or Bolus Entered, if applicable Correct Continuous Dose Entered, if applicable Correct Dose Limit Entered Line Reconciliation Witness verified and co-signed. Step 4 **ASSESSMENT** Assess the patient and document ALL of the following in the PCA/Controlled Med Drip Vital Signs section. Pain, RASS, Respiratory Rate, Respiratory Quality, SpO2, and SpO2 location. Every 15 min x 4 Every 1 hour x 4 Every 2 hours for the duration of the PCA

DOCUMENTATION FLOW *This is only an example. Documentation flows from Right to Left. START HERE **CONTINUE MONITORING MONITORING ASSESSMENT Q2 hours** SHIFT, **ASSESSMENT Q2 hours** Q1 hour X 4 Q15 min X 4 Q2 Q2 Q2 Q2 Q1 Q1 **Q1** 015 13:00 PST 11:00 PST 10:00 PST 09:00 PST 08:00 PST 07:00 PST 06:45 PST 06:30 PST 06:15 P 18:00 17:00 △ PCA/Controlled Med Drip Assessment △ PCA/Controlled Med Drip Vital Signs Numeric Pain Score (0-10) 0 = No pain 10 = Worst 0 - Alert and...0 - Alert and...0 - Alert an... 0 - Alert and...|0 - Al - Restless 0 - Alert an Respiratory Rate Respiratory Quality Regular Regular Regular **♦** SpO2 SpO2 Location △ PCA Settings lew bag Pump Related Activity Adverse Effects lorphine Concentration mg/mL Loading Dose Lockout Interval 4-hour limit Continuous Dose **TOTAL SHIFT DOSE GIVEN** Total Shift Dose Given ∠ PCA Verification Initial set-up Independent Verification Elements



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MONITORING PHASE - Q2°

Step 5

ASSESSMENT

- Assess the patient and document ALL of the following in the PCA/Controlled Med Drip Vital Signs section. Pain, RASS, Respiratory Rate, Respiratory Quality, SpO2, and SpO2 location.
- Every 2 hours for the duration of the PCA

CLINICIAN BOLUS / DOSE CHANGE

Step 6

CLINICIAN BOLUS

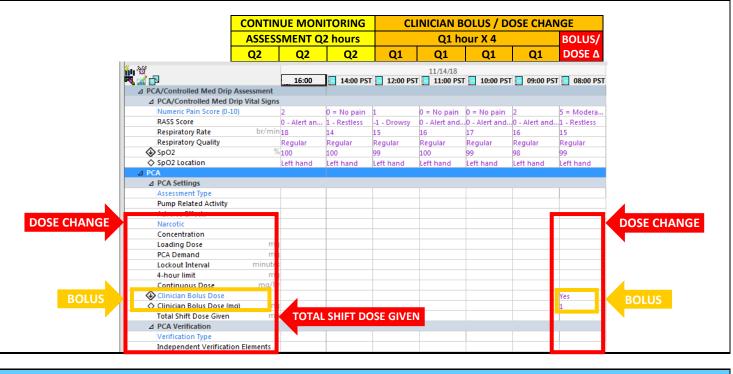
- Document the Clinician Bolus in PCA Settings. Clinician Bolus is to be given from the pump.
- Witness verified and co-signed.

DOSE CHANGE

- Document ALL the PCA Settings for any Dose or Settings Changes.
- Document PCA Verification. Witness verified and co-signed.

ASSESSMENT

- Assess the patient and document ALL of the following in the PCA/Controlled Med Drip Vital Signs section. Pain, RASS, Respiratory Rate, Respiratory Quality, SpO2, and SpO2 location.
- Every 1 hour x 4
- Every 2 hours for the duration of the PCA



END OF SHIFT / HANDOFF

Step 7

END OF SHIFT

- Document the TOTAL SHIFT DOSE GIVEN (mgs/mcgs) in the PCA Settings section.
- Document the volume infused in I&Os (mls).
- Double check that ALL PCA Documentation is complete.

HANDOFF

- Assess the patient and document ALL of the following in the PCA/Controlled Med Drip Vital Signs section. Pain, RASS, Respiratory Rate, Respiratory Quality, SpO2, and SpO2 location.
- Verify that ALL PCA Settings are correct on the pump and match the order.
- Verbalize the date/time when the PCA Syringe needs to be changed. Syringes are to be changed every 24 hrs.