



PCA DOCUMENTATION CHECKLIST (PC.20)



INITIATION PHASE / DRUG CHANGE

Step 1

BASELINE VITAL SIGNS

- 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.

Step 2

PCA SETTINGS

Document **ALL** of the following exactly from the Order in the PCA Settings section.

- Assessment Type: **NEW BAG** (Syringe)
- Narcotic: Drug Name
- Concentration
- Loading Dose
- PCA Demand
- Lockout Interval
- 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
 - 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			END OF SHIFT/ HANDOFF	MONITORING		INITIATION PHASE								BASELINE VITALS/ SETUP
ASSESSMENT Q2 hours				ASSESSMENT Q2 hours		Q1 hour X 4				Q15 min X 4				
Q2	Q2	Q2	Q2	Q2	Q2	Q1	Q1	Q1	Q1	Q15	Q15	Q15	Q15	
<div style="display: flex; justify-content: space-between; font-size: small;"> 18:00 17:00 15:00 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 06:00 PST </div> <div style="font-size: x-small;"> <p>PCA/Controlled Med Drip Assessment</p> <p>PCA/Controlled Med Drip Vital Signs</p> <p>Numeric Pain Score (0-10) 0 = No pain 1 0 = No pain 2 0 = No pain 3 8 10 = Worst 10 = Worst ...</p> <p>RASS Score 0 - Alert and... 1 - Restless</p> <p>Respiratory Rate br/min 16 15 16 18 14 16 15 14 16 18 18 14 16</p> <p>Respiratory Quality Regular Regular</p> <p>SpO2 % 99 100 99 100 98 99 100 99 98 99 100 99 99 100</p> <p>SpO2 Location Right hand Right hand</p> <p>PCA</p> <p>PCA Settings</p> <p>Assessment Type New bag</p> <p>Pump Related Activity</p> <p>Adverse Effects</p> <p>Narcotic Morphine</p> <p>Concentration 1 mg/mL</p> <p>Loading Dose mg 0</p> <p>PCA Demand mg 1</p> <p>Lockout Interval minutes 10</p> <p>4-hour limit mg 24</p> <p>Continuous Dose mg/hr 0</p> <p>Glaxipain Bolus Dose</p> <p>Total Shift Dose Given mg 10 TOTAL SHIFT DOSE GIVEN</p> <p>PCA Verification</p> <p>Verification Type Initial set-up</p> <p>Independent Verification Elements Correct PCA ..</p> </div>														



MONITORING PHASE - Q2^o

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

CONTINUE MONITORING			CLINICIAN BOLUS / DOSE CHANGE			
ASSESSMENT Q2 hours			Q1 hour X 4			BOLUS/DOSE Δ
Q2	Q2	Q2	Q1	Q1	Q1	Q1

11/14/18							
16:00 14:00 PST 12:00 PST 11:00 PST 10:00 PST 09:00 PST 08:00 PST							
PCA/Controlled Med Drip Assessment							
PCA/Controlled Med Drip Vital Signs							
Numeric Pain Score (0-10)	2	0 = No pain	1	0 = No pain	0 = No pain	2	5 = Modera...
RASS Score	0 - Alert an...	1 - Restless	-1 - Drowsy	0 - Alert and...	0 - Alert and...	0 - Alert and...	1 - Restless
Respiratory Rate	br/min 18	14	15	15	16	17	16
Respiratory Quality	Regular	Regular	Regular	Regular	Regular	Regular	Regular
SpO2	% 100	100	99	100	99	98	99
SpO2 Location	Left hand	Left hand	Left hand	Left hand	Left hand	Left hand	Left hand
PCA							
PCA Settings							
Assessment Type							
Pump Related Activity							
Narcotic							
Concentration							
Loading Dose							
PCA Demand							
Lockout Interval							
4-hour limit							
Continuous Dose							
Clinician Bolus Dose							
Clinician Bolus Dose (mg)							
Total Shift Dose Given							
PCA Verification							
Verification Type							
Independent Verification Elements							

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.**