LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER-SHREVEPORT

PAIN MANAGEMENT via CONTINUOUS IV INFUSION

Purpose:

To provide physical, psychological, and pharmacological relief for patients with pain due to end-stage illness, acute, chronic, or intractable pain. Guidelines assist professional staff in alleviating patient suffering and improving quality of life.

Scope:

The most critical component in managing pain is assessment. If a patient is experiencing pain, their pain is further assessed for pain intensity using the appropriate pain scale, pain location, quality, etc. This policy applies to all patients—adult and pediatric. Assessment of pain in young children may rely on observation and physiological indicators of pain. Refer to the Hospital Pain Policy # 5.34 for additional assessment information.

Policy:

1. Patient controlled analgesia (PCA) is the recommended route for narcotic analgesic administration. Refer to Nursing PCA Policy P15 for additional information.

2. Pain management requires a variety of approaches to achieve relief. Consistent use of the pain assessment tools will facilitate the choice of treatment options by the physician.

3. The attending faculty physician shall be responsible for documenting in the progress notes:
   a. the justification for intravenous narcotic analgesic,
   b. the nature of the illness or terminal disease, and
   c. the potential risk factors and/or side effects were discussed with the patient or a responsible family member.

4. A written physician’s order for continuous narcotic analgesic therapy shall include the type of analgesic, dosage, loading/bolus doses, and rate of administration. A separate, specific order shall
be written by the physician for titration or each IV rate change every 72 hours.

5. If needed narcotic analgesic therapy may be prepared by the unit RN. Morphine therapy shall only be prepared in maximum IVPB dosages of 50-mg/500 cc D₃W. Nursing unit personnel shall prepare one IVPB at a time as needed.

6. The medication shall be signed out following guidelines for controlled substances. (See Hospital Policy 8.13 Medication Control for additional information). Tampering with the PCA cartridge/morphine admixture for the purpose of diverting narcotics is prohibited and shall result in disciplinary actions up to and including termination.

7. Morphine waste shall follow the Controlled Substance Policy. In addition, when the admixture/cartridge is changed, the remainder of the narcotic analgesic IV solution shall be wasted in the presence of a witness. The disposal must render the product unrecoverable. User and witness must document waste on the PCA Nursing Pain Flow sheet record (SN 1101) and in the medication-dispensing machine.

8. The Registered Nurse who initiates the narcotic analgesic IV infusion shall verify the medication dose and setting with a second RN or LPN prior to initiation, change in settings or when the patient is received upon transfer. The second RN or LPN shall initial/sign behind the initiating RN on the PCA Nursing Pain Flow sheet (SN1101) and/or MAR. The RN or LPN may monitor the patient’s vital signs and pain assessment.

9. Recording LOC, Vital Signs, and Pain Assessment - Blood pressure (BP), pulse, respiratory rate, level of consciousness (LOC), and pain assessment shall be assessed and recorded on the Medical Record as follows:
### Initiation of Therapy

- Record Respiratory Rate, Level of Consciousness, Blood Pressure, Pulse, and Pain Assessment (score, quality, site, and duration) prior to initiating narcotic analgesic therapy.

### Within One Hour of Initiation or Change in Settings

- Record Respiratory Rate, LOC, Blood Pressure, Pulse, and Pain Assessment (score, quality, site, and duration) within one hour of initiation of therapy or change in settings; then maintenance parameters shall be utilized.

### Maintenance (After therapy has been established)

- After therapy has been established:
  - **Every 2 hours**: Record Respiratory Rate, Cumulative Total, and LOC
  - **Every 4 hours**: Record Blood Pressure, Pulse, and Pain Assessment (score, quality, site, and duration)

### Transfer

- When a patient is transferred, two nurses on the receiving unit will verify the settings, medication, and dosage and record. Also record the Respiratory Rate, LOC, Blood Pressure, Pulse, and Pain Assessment (score, quality, site, and duration).

### Note: The Physician shall be notified of the following so that orders may be obtained for continuing, slowing or stopping the infusion when one or more of the following exists:

- a. **Diastolic Blood Pressure drops of more than 20% from baseline**
- b. **Respiratory rate of less than 10/minute**
- c. **Significantly altered mental status**
- d. **Pain Score of 5 or greater and/or pain score that is not decreasing.**

10. Documentation of Continuous infusion medication administered and clearing of the Pump.

   a. At 0600 the nurse shall obtain from the PCA/IV pump, and document on the medical record:

      1) the medication amount mg/cc self-administered by the patient
2) any bolus doses given by the nurse
3) and total mg/cc infused

b. The PCA/IV Pump shall then be cleared.

11. Changing Narcotic Cartridges/Admixture and tubing.
   a. The PCA cartridges and tubing shall be changed at least every 72 hours using aseptic technique. Refer to Nursing PCA Policy P15 for additional information.
   b. Each admixture shall hang no longer than 24 hours. The IV site and tubing change shall follow nursing policy. Refer to Morphine continuous Infusion Therapy in the Nursing policy Manual M35 for additional information.

12. IV Site Assessment

   The IV site shall be assessed every eight hours with appropriate documentation recorded on the chart regarding site condition, potency, and IV administration.

13. The Pain Management Service may be consulted as needed.

Reference:

1. Hospital Policy, 8.13: Automated Control of Medications


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