

Unusual demands for PCA pain relief

Some cautionary tales

The council has recently received several reports of serious adverse outcomes related to PCA opioid use, despite the hospital's observation protocols being followed.

Particular concerns relate to unusually excessive demands in the post-operative period and especially when the patients may be nursed in a non-surgical ward or where there may have been minimal staff training in acute pain management.

The Council believes special attention must be given to all patients requiring what appear to be excessive PCA demands and that these patients should receive more careful management and observation than current protocols may demand.

The Council makes the following suggestions in the situation where there appears to be excessive demands or when an increase of opioid concentration has been ordered.

1. Hourly observations should be performed and all staff should be alert for a complication.
2. Continuous oximetry should be maintained. **It must be recognised however, that especially if oxygen is administered, severe hypercarbia may occur with normal oxygen saturation.**
3. Recognition that respiratory rate is not a reliable indicator of overdose and conscious state needs to be carefully monitored. Sedation may be more difficult to assess at night, especially where lighting obscures the ability to assess for cyanosis. Thus it is also suggested that in patients with high demands overnight intranasal or mask oxygen should be administered.
4. The need to exclude surgical complications in the presence of unrelieved or escalating pain.
5. To be aware that life threatening sedation may result, due to an accumulation of opioid, some hours after pain relief is achieved and demands for analgesia appear to have decreased. Therefore, frequent observations should be maintained for a prolonged period in these circumstances.