

CALHN

RAH TQEH

ACUTE PAIN SERVICE

OTHER CONTINUOUS REGIONAL ANALGESIA

PATIENT LABEL

Unit Record No.: _____

Surname: _____

Given Names: _____

Date of Birth: _____ Sex: _____

LOCAL ANAESTHETIC ORDERS: (* = sign and date any changes)

1. DRUG:.....

Place appropriate drug label here

2. CONCENTRATION:.....

3. BOLUS DOSES AND INFUSION RATES

If continuous regional analgesia catheter (CRA) is not labelled please call the anaesthetist who signed these orders or the APS.

CRA CATHETER 1

Location:

Bolus Dose: *

..... tomL

..... hourly PRN or

at..... hrs,.....hrs,.....hrs

Infusion rate: *

..... tomL/hr

Requested duration of infusion days

CRA CATHETER 2

Location:

Bolus Dose: *

..... tomL

..... hourly PRN or

at..... hrs,.....hrs,.....hrs

Infusion rate: *

..... tomL/hr

Requested duration of infusion days

GENERAL ORDERS:

- 1. Oxygen at 2 to 4 L/min via nasal specs or 6 L/min via mask while orders are in effect.
2. Systemic opioids (including intermittent PRN oral or subcutaneous opioids, or PCA opioid, or any long-acting opioid that the patient takes on a regular basis) may be continued.
3. No anticoagulant or antiplatelet medications, including NSAIDs, to be given (other than heparin for the prevention of DVTs or low-dose aspirin) before consulting with the APS. Anaesthetist to delete if not applicable (please sign and date).

Signature

Date

- 4. An anti-syphon valve must be in-line between patient and any CRA syringe or infusion bag at all times.
5. Maintain IV access while orders are in effect.
6. Monitoring requirements: see overleaf.
7. For inadequate analgesia or other problems related to the analgesia, contact the APS. The APS should be notified if the patient has two consecutive pain scores >7 at rest and/or FAS = C.
8. Mobilise patients according to parent clinic instructions but accompanied by 2 staff members initially in case of problems with gait and/or balance.

YES NO Signature

SIGNATURE OF ANAESTHETIST: Date:

(Print name)

CATHETER 1

Cease infusion and remove catheter: Date:..... Time:.....

Give next dose of heparin: Date:..... Time:.....

Signature of anaesthetist:

Catheter 1 removed and complete:

Signature of RN:.....

Date:.....

CATHETER 2

Cease infusion and remove catheter: Date:..... Time:.....

Give next dose of heparin: Date:..... Time:.....

Signature of anaesthetist:

Catheter 2 removed and complete:

Signature of RN:.....

Date:.....

