Nurse Controlled Analgesia Prescription Chart
Royal Hospital for Sick Children, Yorkhill, Glasgow

Addressograph **Name**: **D.O.B.**: **Hospital No**:	**Weight kg**	**Age yrs mths**
	Operation / Indication	
	Date NCA started: / / 20	**Time NCA commenced**
	Ward	**Day(s) post op:**

Morphine (1mg/kg)…….mg made up to 50ml in N.Saline = …….mg/ml
(if child >50kg max dose 50 mg morphine in 50 ml N. saline)

Age >1year (or ventilated in ICU) Bolus dose of morphine…….1 ml = ……..mg Lockout interval 20 mins

……

Background infusion@. ……..……ml/hr =……micrograms/kg/hr = …..……..….mg/hr

Pump Serial No: YZ	Signature of Prescriber _____Print Name

Date / / 20

Time	SpO_2 in air	RR	Pain Score Resting	Pain Score Moving	Nausea Score	Sedation Score	Number of NCA doses Total	Number of NCA doses Good	Volume left in syringe (ml)	Hrly device Protocol & site check	Comments problems signature/desig
0800											
0900											
1000											
1100											
1200											
1300											
1400											
1500											
1600											
1700											
1800											
1900											
2000											
2100											
2200											
2300											
2400											
0100											
0200											
0300											
0400											
0500											
0600											
0700											
24 hour total											

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Pain Score at rest		Pain Score on movement / cough		Nausea Score		Sedation Score Eyes open:	
0	No Pain	**0**	No Pain	**0**	None	**0**	Spontaneously
A	Asleep	**A**	Asleep	**1**	Nausea Only	**1**	To Speech
1	Not really sore	**1**	Not really sore	**2**	Vomiting x 1 last hr	**2**	To Shake
2	Quite sore	**2**	Quite sore	**3**	Vomiting > 1 last hr	**3**	Unrousable (Call Doctor)
3	Very sore / crying	**3**	Very sore / crying				

Please note that if the following scores /observations occur the following action should be taken:	
Patient Unrousable	Call 2222 & follow hospital resuscitation guidelines Consider administering Naloxone 20 micrograms/kg iv
SpO_2 < 90%	Administer high flow O_2 by face mask immediately Call Ward Doctor. Inform Pain Team. Call Duty Anaesthetist Page 8602 Consider administering Naloxone 10 micrograms/kg iv
RR < 10 / min (or < 20 / min in infants)	Administer high flow O_2 by face mask immediately Call Ward Doctor Call Duty Anaesthetist Page 8602 Consider administering Naloxone 10 micrograms/kg iv
Pain score = 3	Call Ward Doctor, Inform Pain Team.
Nausea score = 3	Call Ward Doctor, consider ondansetron 0.15mg/kg iv
Sedation score = 2	Administer high flow O_2 by face mask immediately Call Ward Doctor. Inform Pain Team.
Failure to pass urine	Consider hypovolaemia & consider fluid bolus Call ward Doctor If patient is catheterised, please record urine output in first hour in 'comments'

The top section of this chart is to be completed by the Pain Management Service/Anaesthetic staff and nursing staff should complete the observation section.

ANY PROBLEMS CONTACT: Clinical Nurse Specialist Pain Management Page 8133
or if unavailable Duty Anaesthetist Page 8602.