

5/ Ketamine:Morphine IV PCA combo:

Dr. Penning reported that non-standard combinations have been ordered. To prevent misunderstandings and programming errors the ratio should remain 2mg:2mg, 2 mg: 5mg or 2 mg: 10 mg, for the very morphine tolerant patient.

6/ Intravenous Nurse Controlled Analgesia with the Graseby:

On occasion, patients requiring parenteral opioid analgesia, who are not PCA candidates for cognitive reasons, may be placed on NCA. This involves a small background infusion to provide rest analgesia and Nurse controlled boluses for dynamic pain control. The risk remains that the confused/inappropriate patient may get hold of the button and result in overdose. The hand set is to be kept up on the IV pole, the patient's cardex clearly labeled as NCA, but in addition it is recommended to set a **lock-out of at least 20 minutes**, not the 5 or 10 as is customary for IV PCA.

7/ APS Handover week to week:

Dr. Penning pointed out that we could all do a better job of handing over the problem patients from week to week. Friday or Saturday would be a good time to write a brief overview of the patient's problems, progress and plan for the next week. With the arrival of the new APN position, in the new year, this aspect of clinical care should improve.

8/ Sunday coverage:

Dr. Penning reported that now that Saturday is formally covered for APS rounds, it appears that rounds are not getting done in any consistent fashion of Sundays. The members felt that it may be acceptable for no formal rounds to be done for a 24 hours period on Sundays, if the first call staff were too busy, as opposed to calling in second call for purposes of APS rounds. This issue affects all staff members and will be brought forward to the general staff meeting so that a consistent staff to staff approach will be maintained. It was agreed that in the case of three day W/E that rounds must be done on the epidural patients, on the holiday Monday, etc.

9/ One hour limits for IV PCA:

Dr. Penning reported that in keeping with standardization between campuses, specifically utilization of corporate pre-printed APS orders, the Civic Campus will be required to adopt the practice of one hour dose limits for IV PCA(as per General). There may well be an element of added patient safety with this.