

The Ottawa Hospital
Acute Pain Service (APS)
IV PCA & EPIDURAL PCEA (OPIOID ONLY)
WEANING GUIDELINE

CRITERIA FOR USE

1. Adequate Analgesia with movement
2. PCA bolus average usage ≤ 1 bolus per hour per 8 hours
3. Patient able to take oral analgesia as ordered by surgical service
4. Consider the complexity of patient, type of surgery, location (pain not related to surgical incision), NPO status, discharge plans

DEFINITIONS:

Assess:

Pain: rest / activity
Level of sedation
Respiratory rate

Adequate Analgesia:

Pain ≤ 3 rest, ≤ 5 activity;
pain not preventing
movement; satisfied with
pain control (use clinical
judgment if pain scores do
not meet criteria)



1. Discontinue basal infusion if applicable. *If patient opioid tolerant or on pre-APS long acting opioids, discuss with APS.*
2. Continue with Acetaminophen and NSAID if ordered.
3. Start oral opioid as ordered and if needed. Maintain PCA for breakthrough pain
4. Assess in 4 hours.



1. Discontinue pump.
2. Continue with Acetaminophen and NSAID if ordered.
3. Continue with oral opioid as ordered and if needed. Administer SC/IV opioid for breakthrough. If patient was using > 2 bolus per 4 hours, give the maximal oral dose ordered.
4. Remove epidural catheter (if applicable). Refer to guidelines for epidural removal during anticoagulant therapy (if applicable).
5. Document "D/C APS as per guideline" on physician order sheet

GUIDELINES FOR EPIDURAL REMOVAL DURING ANTICOAGULANT THERAPY

Unfractionated Heparin Subcutaneous (Prophylaxis dose): Remove catheter 2 hours before next dose heparin.

Low Molecular Weight Heparin (LMWH) - Once Daily Dose (Prophylaxis dose): Remove catheter 2 hours before next dose
LMWH - Twice Daily dose: Call APS for patient specific orders on removal of epidural. *

Unfractionated Heparin Infusion: Call APS for patient specific orders on removal of epidural. Monitor motor/sensory q4h x 24 hrs post removal. *

Warfarin: .Call APS for patient specific orders on removal of epidural. *

NOTE: If the catheter was removed when the INR was > 1.5 , continue to assess motor and sensory function q4h for 48 hours

* Refer to the Nursing Policy - Epidural Infusions for the usual recommendations