**Title:**

PCA Management: Have We Perfected It?

**Background**:

Patient-controlled analgesia is an effective and safe method of pain relief allowing individualisation of therapy compared to alternative methods of opioid administration.1 Its success is dependent on balancing the degree of potential pain relief and the risk of adverse effects. The most significant safety concern is severe respiratory depression, the incidence of which in hospitals with APS (acute pain service) is 0.1-0.8% (1). Therefore we have a trust policy in place for monitoring of PCA’s which is undertaken by the APS.

**Aim and Objectives:**

The aims of this abstract is to look at APS follow up of PCA’s in our hospital to establish whether opioid calculations, frequency of observations, detection and management of complications including recording of pain, sedation, nausea and haemodynamics is satisfactory and in line with Trust Policy.

**Method:**

We looked at APS follow up of PCA over a 3 month period in 2019.  Data included the number of PCA’s that were picked up by the APS from both the PCA diary in recovery and the Intensive Care Unit (ICU) as well as the controlled drug (CD) book kept in the Post Anaesthesia Care Unit (PACU), ICU and recovery.

**Main results:**

A total of a 196 PCA’s were followed up by the APS over a 3 month period.

Of these PCA’s, 87.2% were recorded in the CD book in PACU, ICU and recovery. All parameters of the Trust Policy were followed, including recording of sedation, nausea, pain and respiratory depression scores and opioid calculations for all PCA’s followed up by the APS.

Further analysis of the 12.8% of PCA’s that were not picked up by the APS from the CD book on ICU, PACU and recovery revealed that these PCA’s were started on the wards, and all of them were followed up in line with the Trust Policy.

**Conclusions:**

All follow ups of PCA’s were conducted in complete accordance to the Trust Policy. No adverse events or training issues were identified.

This study revealed that there was no single book / diary where all PCA’s were recorded. This could potentially lead to PCAs started on the ward being missed to follow up. To address this, the APS has requested all wards to submit a referral on the electronic healthcare record system (EHR) to notify the APS and hence ensure follow up.

**References:**

1. Stone M, Wheatley B. Patient‐controlled analgesia. *British Journal of Anaesthesia* *CEPD Reviews*. 2002;2(3):79-82.
2. Macintyre, P. (2001). Safety and efficacy of patient-controlled analgesia. *British Journal of Anaesthesia*, 87(1), pp.36-46.