



London Health Sciences Centre

Critical Care / Intensive Care

ANALGESIA IN CRITICALLY ILL ADULT PATIENTS PREPRINTED ORDER

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

THIS SECTION MUST BE COMPLETED AND SIGNED BEFORE MEDICATIONS ARE DISPENSED.					
<input type="checkbox"/> NO KNOWN ALLERGIES					
ALLERGY (drug, food, tape, dyes, latex, other)			REACTION		
1.					
2.					
3.					
NON-MEDICATION ORDERS		R	P	MEDICATION ORDERS	
<p>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</p> <p><input type="checkbox"/> Perform pain assessment and document at the start of each shift, q 4h (between 0700 and 2200) and p.r.n. with each intermittent bolus or change in analgesia (see reverse).</p> <p><input type="checkbox"/> Assess and document VAMASS at the start of each shift, q 4h (between 0700 and 2200) and p.r.n. and consider need for concurrent sedation administration (see reverse).</p> <ul style="list-style-type: none"> • If patient is anxious or agitated, consider non-medication or environmental strategies to assist with management. • If patient becomes more confused and / or disoriented with the use of analgesia, assess for delirium. • Notify physician if unable to maintain adequate pain control at maximum dose. • During daily morning rounds, reassess need for continuous analgesic infusion vs intermittent dosing. If receiving continuous infusions, consider appropriateness for daily analgesic weaning. 				<p><input type="checkbox"/> PREFERRED ANALGESIA</p> <p>PRN dose / Loading dose: Morphine _____ mg I.V. q 10 minutes p.r.n. until pain relief is achieved. (recommended dose 2 - 4 mg)</p> <p>For ongoing pain, initiate infusion to maintain pain control as follows:</p> <p><input type="checkbox"/> Continuous I.V. Infusion: Morphine infusion 100 mg/50 mL 0.9% sodium chloride at _____ mg/hr (recommended dose 2 - 5 mg/hr) to maintain adequate pain control.</p> <p>Maximum dose _____ mg/hr.</p> <hr/> <p><input type="checkbox"/> ALTERNATE ANALGESIA: If creatinine > 200 µmol/L, or morphine allergy present or hemodynamic instability:</p> <p>PRN dose / Loading dose: Fentanyl _____ µg I.V. q 10 minutes p.r.n. until pain relief is achieved. (recommended dose 25 - 50 ug)</p> <p>For ongoing pain, initiate infusion to maintain pain control as follows:</p> <p><input type="checkbox"/> Continuous I.V. Infusion: Fentanyl 1000 µg/50 mL 0.9% sodium chloride at _____ µg/hr (recommend 20 - 50 ug/hr) to maintain adequate pain control.</p> <p>Maximum dose _____ µg/hr.</p> <hr/> <p><input type="checkbox"/> Other analgesia: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>DAILY ANALGESIC WEANING (if deemed appropriate during rounds):</p> <p><input type="checkbox"/> Attempt daily reduction of analgesia providing that pain control is adequate:</p> <ul style="list-style-type: none"> • patient is not receiving a neuromuscular blocking agent • patient is hemodynamically stable • patient is stable on the ventilator <p>See reverse side of form for Weaning Protocol.</p>					
PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:				DATE (YYYY/MM/DD):	TIME:
PROCESSOR INITIALS:	DATE (YYYY/MM/DD):	TIME:	RN INITIALS:	DATE (YYYY/MM/DD):	TIME:

CRITICAL CARE PAIN ASSESSMENT

A: Patient Unable to Communicate	B: Patient Able to Communicate
<ul style="list-style-type: none"> <input type="checkbox"/> Autonomic Response: <ul style="list-style-type: none"> • HR, RR, BP responses • Diaphoresis <input type="checkbox"/> Non-Verbal: <ul style="list-style-type: none"> • Grimacing • Frowning • Facial expressions <input type="checkbox"/> Physical Findings: <ul style="list-style-type: none"> • Rigidity • Guarding • Resisting 	<p>Responses to the following areas of assessment:</p> <p><input type="checkbox"/> PQRST</p> <p>Pain:</p> <ul style="list-style-type: none"> • Location of pain • Aggravating and/or alleviating factors <p>Quality:</p> <ul style="list-style-type: none"> • Description of pain (e.g., dull, sharp, throbbing, burning, pins and needles) <p>Radiation or Referral</p> <ul style="list-style-type: none"> • Area of radiation • Associated symptoms (nausea, vomiting, shortness of breath) <p>Severity:</p> <ul style="list-style-type: none"> • Patient's rating of pain on a scale of 0 - 10 (verbally or demonstrated using a visual analog) <p>Timing:</p> <ul style="list-style-type: none"> • Duration • Intermittent/constant • At rest or activity

VENTILATOR ADJUSTED MOTOR ASSESSMENT SCORING SCALE (VAMASS)

VAMASS	Description	V-Score	Ventilation Status
0	Unresponsive to pain.	A	Minimal coughing; few alarms; tolerates movement.
1	Opens eyes and / or moves to pain only.	B	Coughing, frequent alarms when stimulated; settles with voice or removal of stimulus.
2	Opens eyes and / or moves to voice.	C	Distressed, frequent coughing or alarms; high RR with normal / low PaCO ₂ .
3	Calm and cooperative.	D	Unable to control ventilation; difficulty delivering volumes; prolonged coughing.
4	Restless but cooperative; follows commands.		
5	Agitated; attempts to get out of bed; may stop behaviour when requested but reverts back.		
6	Dangerously agitated; pulling at tubes or lines, thrashing about; doesn't obey commands.		

WEANING PROTOCOL

CONTINUOUS MORPHINE INFUSION	CONTINUOUS FENTANYL INFUSION
<ul style="list-style-type: none"> • if morphine dose is ≤ 4 mg/hr, reduce infusion by 50% and reassess for further weaning in 6 hours • if morphine > 4 mg/hr, reduce infusion by 25% and reassess for further weaning in 6 hours • discontinue infusion if rate ≤ 1 mg/hour • if pain control becomes inadequate or patient becomes agitated during weaning, administer morphine bolus and return to previous infusion rate 	<ul style="list-style-type: none"> • if fentanyl dose is ≤ 50 µg/hr, reduce infusion by 50% and reassess for further weaning in 6 hours • if fentanyl dose is > 50 µg/hr, reduce infusion by 25% and reassess for further weaning in 6 hours • discontinue infusion if rate ≤ 10 µg/hour • if pain control becomes inadequate or patient becomes unstable during weaning, administer fentanyl bolus and return to previous infusion rate