

(Attach Label here or Complete Details)

NAME: \_\_\_\_\_ NHI: \_\_\_\_\_

GENDER: \_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_ WARD: \_\_\_\_\_

## Intrathecal Analgesia 48hr Pathway

(Sits in blue folder outside door in its entirety)

### A. Intrathecal analgesia pre-operative summary

#### Background

Diagnosis: \_\_\_\_\_

Past History: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Specialists involved: \_\_\_\_\_

Relevant therapy and date: \_\_\_\_\_

Current chemotherapy Yes / No (circle one)

#### Indications for Intrathecal therapy (tick one or more):

Inadequate pain relief

Sedation

Other: \_\_\_\_\_ Referring specialist for intrathecal therapy: \_\_\_\_\_

#### Current analgesics (or refer to MedChart):

#### Previously trialed analgesics (and reason for stopping):

Mobility (tick one only):  Fully ambulant  Frame  Bed / Chair  Bedbound

IDUC / Urodome:

Yes  No

Ileostomy / Colostomy:

Yes  No

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Signature

Date

### B. Intrathecal analgesia nursing pre-operative checklist

Refer to CDHB Intranet - Nursing Policies and Procedures for Pre-Operative Care policy "Adults & Children"

Procedure date: \_\_\_\_\_

Procedure will be performed in the operating theatre and will take about 90 minutes total time.

**Light breakfast 6hrs prior, then clear fluids (water, juice, black tea or coffee) only up to 2 hours prior, then NBM.**

- Yes Complete CDHB Pre-operative Patient Nursing Care Plan (C170003)
- Yes MSU / CSU done (Check laboratory report for signs of infection and report to medical team)
- Yes Bloods taken and limits reported to medical team – CBC, ONCO profile & coagulation screen
- Yes Consents done & infusion prescribed (anaesthesia and procedural)
- Yes Ensure infusion has been ordered and dispensed from pharmacy
- Yes Call OT to confirm patient is on the list and equipment (intrathecal kit) is available.

#### Assemble the following items to take to PACU for connection:

- Yes Two Opsite dressings (or other occlusive dressing & a Mepitex Lite dressing)
- Yes Two 0.2 micron Portex bacterial filters
- Yes MicroSet™ administration tubing
- Yes Bodyguard 595 Colour Vision™ Pump (Retrieve from Christchurch Hospital Palliative Care Team)
- Yes Medication infusion bag from pharmacy

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## C. Intrathecal analgesia nursing post-operative instructions

1. The patient will return to the PACU with the catheter in place and one filter attached.
2. Pump can be attached when prescription drug ready – ideally in PACU with anaesthetist/Palliative Care guidance.
3. Ensure “intrathecal tubing label” is attached to identify which is the intrathecal line.
4. Place a piece of Mepilex Light under the 0.2 micron Portex filter in a convenient position on the abdominal wall and cover with an occlusive dressing. Loose coils of catheter should also be secured with an occlusive dressing. These are to protect the filters and loose coils, not to keep them sterile.
5. IV fluids will be prescribed for at least 48 hours – the patient may eat and drink as desired.
6. Post-operative nursing instructions include recording EWS & Neuro observations on Patient Trak:
  - EWS & neuro observations every 30 minutes for 2 hours then hourly for 4 hours.
  - After 6 hours, observations to be maintained QID for at least 48 hours. If observations are within range, cease neurological observation record and continue routine patient observations as per EWS.
7. The patient may shower if he/she wishes with all equipment in a plastic bag (must **not** take a bath).
8. Oral or subcutaneous morphine dose will usually be **halved** from time of infusion commencement, and gradually withdrawn over approximately one week.

### Catheter details

Total catheter length (cm): \_\_\_\_\_

No. of clinician assisted boluses given: \_\_\_\_\_

### Who to contact for assistance/advice with an inpatient:

- 1. Palliative Care team in work hours**
- 2. On-Call Palliative Care SMO through switchboard after hours**

**For action to take with troubleshooting issues associated with an intrathecal pump – refer to ACTION CARDS issued with pump**

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## D. Intrathecal Analgesia Infusion Prescription

### I. DRUG PRESCRIPTION

- Prescription to be sent to the Sterile Unit of Christchurch Hospital Pharmacy before 9.00 am for same day preparation. ( fax 3640371: phone 3640839)
- The Sterile Unit will prepare all prescriptions in sodium chloride 0.9% as per instructions below.
- The infusion is to be delivered via Body Guard 595™ pump

	Initial Prescription Dose	Prescription Change	Prescription Change	Prescription Change	Prescription Change
<b>Date:</b>					
Morphine	mg	mg	mg	mg	mg
Bupivacaine	mg	mg	mg	mg	mg
Clonidine	micrograms	micrograms	micrograms	micrograms	micrograms
Total Volume (100, 250 or 500 mL)					
<b>Prescriber Sign</b>					
<b>Print Name:</b>					
<b>RN x2 initials</b>					
<b>Time &amp; Date</b>					
	Initial Programme	Programme Change	Programme Change	Programme Change	Programme Change
<b>PUMP PROGRAMME PRESCRIPTION</b>					
<b>Date:</b>					
PCA Basal Rate	mL/hr.	mL/hr.	mL/hr.	mL/hr.	mL/hr.
PCA Bolus Dose	mL	mL	mL	mL	mL
Lockout time	mins	mins	mins	mins	mins
<b>Prescriber Sig:</b>					
<b>Print Name:</b>					
<b>RN x 2 initials</b>					
<b>Time &amp; Date</b>					

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**Intrathecal Pump Delivery Record Initial Hospital**

Date	Time	Early Warning Score (EWS)	Pain Score 0-5	Line check for clamps	Green light flashing	Site Check	Basal Rate/ hr	Bolus Rate Dose	No. of bolus given	No. of bolus attempts	VTBI (Volume to be infused)	Patient total Volume Given (Basal + bolus)	Four Hourly total	Signature

The patient Total = Volume infused + bolus given.  
 Please check the pump strictly for bolus attempts, bolus given, and patient total. This is done by:

1. Pressing the red stop/no button
2. Press the blue info key to obtain the HOURLY SCREEN. **THIS IS NOT A RUNNING TOTAL/NOT CUMMULATIVE**
3. Press the stop/no button twice, then press the green start/ok button to resume the infusion
4. VTBI (remaining volume) is checked by just pressing the info key twice from the main screen
5. At the same time each day complete a 24 hour patient total by following step 4. And complete the following page.

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**24 HOUR PATIENT TOTAL SUMMARY** (At the same time each day)  
This is a cumulative total therefore you will need to subtract the previous 24 hour total

Date	Time	Patient Total	Date	Time	Patient Total

Date and Signature									
<b>Medication Bag Change</b>									
<b>Line / Filter Change</b>									
<b>Dressing changed</b>									

Dressing /Bag Changes weekly- See Action Card 18 or 'Intrathecal Analgesia in Cancer Pain: A resource for Health Professionals'.

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E. ISCHARGING WITH AN INTRATHECAL PUMP			
<input type="checkbox"/> Complete Community Nursing Referral	→ Specify for <b>Nurse Maude</b> District Nursing and Specialist Palliative Care CNS		
<input type="checkbox"/> Conduct verbal handover	→ To District Nurse & Community Palliative Care CNS		
<input type="checkbox"/> Liaise with Hospital Pharmacy re: ongoing supply of medication infusion bags as out-patient	→ Usually family member collects from Hospital Pharmacy		
<input type="checkbox"/> Provide supply of dressings & line equipment	→ Provide supply for 1 week, DN will supply after this.		
<input type="checkbox"/> Copy IT Analgesia 48 Hour Pathway	→ To accompany patient's paperwork		
<input type="checkbox"/> Print copy of drug administration history	→ From Med Chart		
<input type="checkbox"/> Print copy of observation history – EWS & Neuro	→ From E-Obs		
<input type="checkbox"/> Provide patient and family education	→ Provide education re: pump, infusion & symptom monitoring – ensure they have contact details for Community Palliative Care CNS and NM Hospice.		
<input type="checkbox"/> Action Cards to accompany pump & patient			
Full Name:	Designation:	Signature:	Date: