## CARE4 MODULE NAME:PCS PCA (PCA and CADD/Palliative Pain Infusions) eMAR

## eMAR

eMAR PCA/CADD(Palliative Pain Infusion) documentation exists for nursing staff to utilize as a 'double check' against the MD's orders. Order details can be found

**Medication Detail** 

under Order in Medication Detail Detail History Flowsheet Monograph AssocData Prot/Taper Order Links

Fields that exist within documentation that nursing will document on may include

- Infusion Type
- Basal Rates; Bolus Dose
- Max Doses; Clinician Dosing
- Time Limits; Attempts and Injections
- Max and Minimum Infusion Rates

RASS and Pain Assessments will be on appropriate eMAR documentation and used as per order set/protocol to change basal/bolus if appropriate

The main documentation on the eMAR for PCS, CADD may look slightly different dependent on drug – the same functionality exists within each of the documentations. Different documentation may exist if it is a shared drug string/order sets (ie morphine 1mg/ml is shared by PCA/CADD(Palliative Pain Infusions and Critical Care Drug Infusions) Other drugs may be used for CADD/Palliative Pain Infusion or PCA only)

All are attached to IV titratable flowsheet – and has the same functionality as IV flowsheet(rates up/down/stop etc)\*. To ensure that appropriate titratable 'sites' appear on eMAR - appropriate documentation should be completed on worklist IV SC Assessments, IV Assessments

itusion/ litration		() End		🖓 End 🗸	🖬 Start 🗸 🔰	
IV site						
	IV Site	Left Antecubital	Left Antecubital		▼ Left Antecubital ▼	
- Intake			(	Combined Spinal Epidural CSE		
	Intake	250			Left Antecubital	
	Cumulative Intake	250			Left Femoral Nerve Block	
	(bag)			· · · ·		- /

\*\*if a drug/infusion is given as bolus only (no basal/continuous rate) gas gauge will not change to alert nurses if bag is near empty\*\*

## PHA rules apply for Independent Double Check/PIN before filing eMAR assessments may be required based on action and drug

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