

UNIVERSITY
MEDICAL CENTER

PCA/Epidural/IV Drip
Controlled Substance
Medication Administration Record

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

Control Number: _____

Drug Name & Concentration: _____

<p style="text-align: center;">Use this box for PCA's</p> <p>Loading Dose: _____</p> <p>PCA _____ mg dose</p> <p>Lockout interval _____ min; Basal rate: _____</p> <p>Doses per hour _____</p> <p>After 1 hr increase PCA dose by _____ mg q 1 h prn inadequate analgesia</p> <p>Max PCA dose _____ mg</p>	<p style="text-align: center;">Use this box for Epidurals</p> <p>Infusion Rate: _____ mL/hr</p> <p>Demand Dose _____ mL q _____ min</p>	<p style="text-align: center;">Use this box for IV Drips</p> <p>Infusion Rate: _____ mL/hr</p>
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Nursing Unit	Date	Time	Pain Score/ Sedation Scale	Bolus Dose/ Rate Change	Number of "mLs" Used per Shift	RN Sign/ MD Sign	RN (2) Sign (For Initiation, Transfer & Wastage)
				Initiation	Priming Volume: _____ mLs		
					Subtotal		
					Amount Wasted		
					Total = _____ mLs		

Reconciled by Pharmacist – Signature: _____

"Controlled Drug Substances" (CDS) Tracking and Monitoring (Cadds, Epidurals, Drips etc...)

The RN will:

A. When accepting a CDS:

- Verify that the drug name and concentration of delivered Controlled Drug Substances are accurate.
- Document all required patient information on top right side of CDS
 - Patient Name
 - Medical Record #
 - Billing Number
 - Unit Name
 - Patient Room #
- Document all required drug information
 - Control number provided from the product
 - Name and Concentration of the drug
- Document any Dose or Rate change in the space provided along with the Date & time when the change occurs
- Document the amount of medication used to prime the tubing in allotted space.
- Write full signature next to above documented information in space provided.
- Enter in spaces provided:
 - Date and time

B. Document every shift: (q8h)

- # Of milliliters at end of shift.
- Pain score/Sedation scale.

C. If or when transferring a patient to another patient care unit:

- Provide all required transfer documentation on sheet.
- Document the unit that the patient is being transferred to in space provided.
- Document date and time of transfer.
- Transferring RN and receiving RN will jointly verify accuracy of information documented and sign full signatures in space provided.

D. When wasting medication:

- Document date and time.
- Document the amount wasted in provided space on sheet.
- Wasting RN and RN verifying waste will provide full signatures in space provided.

E. At the time the PCA container or IV bag is empty:

- Provide all required information and documentation regarding total balance reconciliation in spaces provided on sheet.

F. Assure that Nursing has fulfilled their requirements regarding all expected monitoring and tracking of all CDS usage by:

- All completed CDS sheets (yellow copy) must be returned to the Pharmacy Technician that is rounding daily to deliver Narcotics.
- The white copy must be stored on the unit as part of the MAR records.

* Q shift documentation to continue until completion or discontinuation of CDS container.

* Continuation of therapy with a new container will require that all corresponding documentation be documented on the new sheet that will be provided at the time the new container is delivered.

* The Pharmacy Technician will not accept sheets with incomplete and/or inaccurate documentation.