



Rx Update

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NEW HOSPITAL POLICY - PATIENT CONTROLLED ANALGESIA (PCA)

In late 2004 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) issued a *Sentinel Event Alert* on the safe use of patient controlled analgesia (or PCA) therapy. In response the University of Iowa Hospitals and Clinics reviewed its existing policies on patient controlled analgesia and determined that a single, hospital wide policy that covers all aspects of prescribing, dispensing, administering, and monitoring of PCA therapy to adult and pediatric patients was needed. This new policy, designated "Patient Controlled Analgesia" (number V.54) was developed by the multidisciplinary Pain Management Section, subsequently endorsed by the Pharmacy and Therapeutics Subcommittee, and given final approval by the University Hospital Advisory Committee on September 20, 2006. It is now accessible to UIHC staff via the hospital's policy web site.

This policy reviews the appropriate and safe use of PCA therapy and focuses on the following issues:

- **Appropriate Use** – PCA therapy should only be a treatment option for qualified patients.
- **Prescribing** – PCA orders must include specific dosing parameters. Morphine and hydromorphone are the designated standard opioids for use with PCA therapy.
- **Administration** – Opioids have been designated high-alert medications and require a double check prior to administration when given via PCA (a double check is also required for all subsequent changes in the pump setting). The patient should receive education on when to administer doses from the PCA pump. Family members should be instructed not to administer PCA doses, as giving doses not requested by the patient may lead to drug overdoses. The PCA pump will be labeled: "Patient education required prior to use of this device. Only the patient or nurse should press the medication button. Contact nurse."
- **Monitoring** – Standard actions to assess efficacy and avoid side effects are delineated.

Questions about policy V.54 or other issues associated with using patient controlled analgesia should be directed to Lee Kral, Clinical Pharmacy Specialist, at pager 2337 or Emily Griffin, Advanced Practice Nurse, at 6-4002 or pager 4335.

INFLUENZA VACCINATION FOR HEALTHCARE WORKERS

Despite being a vaccine-preventable illness, 5 to 20% of the United States population contracts influenza (the "flu") each year resulting in over 200,000 hospitalizations and 36,000 deaths. **Healthcare providers can play an important role in limiting the transmission of influenza to persons at increased risk for severe influenza illness by receiving an annual influenza vaccination.** This is particularly important for health care workers who care for high-risk patients (e.g., children, pregnant women, elderly, and patients with chronic medical conditions). Persons who are clinically or asymptotically infected can transmit influenza virus to persons at high risk for complications from influenza. **The influenza vaccine is recommended by the CDC for all healthcare workers.** Vaccination not only protects providers and their patients from influenza, but also protects other contacts including family members. The influenza vaccine is 70 to 90% effective at preventing influenza in healthy people. Adults have antibody protection against influenza 2 weeks after vaccination. The most common side effect from the inactivated influenza vaccine is soreness at the injection site lasting less than 2 days. The inactivated (injectable) influenza vaccine contains noninfectious killed viruses and cannot cause influenza. Influenza vaccine should not be administered to persons known to have an anaphylactic hypersensitivity to eggs. The vaccine must be received each year for continued protection because immunity declines during the year after vaccination and the vaccine may contain one or more different antigens each year. Finally, the influenza vaccine is free to all UIHC healthcare providers as part of the Annual Staff Immunization Program.