

Preface: There are two parts to this clinical guideline for ward staff/parent team PCIA CEASE Strategy Appendix A and Appendix B and two separate medical guidance documents.

- Appendix A: CEASED STRATEGY: FOR CEASING INTRAVENOUS PCIA, includes Buprenorphine for Acute Pain - Sublingual and Patient Controlled Analgesia (PCIA) CEASED strategy: For Ceasing Intravenous PCIA.
- Appendix C: COOLED converting sublingual buprenorphine (Temgesic) to oral opioids.

Staff this document applies to:

- Registered Nurse, authorized State Enrolled Nurse, and Medical Staff.

Purpose:

The CEASED strategy will allow the ward nurses to identify when a patient is ready to have their Intravenous PCIA stopped.

These patients must reach certain criteria for the nurses to initiate the cessation of the PCIA and change to oral analgesia in consultation with the patient parent medical team.

CEASED Criteria:

- C**– Current or planned movement has little pain related to FAS (Functional Activity Score).
- E**– Evidence of gut function / motility.
- A**– Analgesic use is low, < 40g morphine equivalent per 24hrs including IV PCIA and 36hr has elapsed since Intrathecal morphine if appropriate.
- S**– Step down analgesia is charted by medical staff.
- E**– Exceptions for nurse cessation are presence of: chronic pain opioid tolerance, history of substance abuse, adjuvants such as Ketamine, Intrathecal Morphine administered intraoperatively <36hrs elapsed or nurse is unsure.
- D**– Discuss changes with the patient and report uncontrolled pain.

Definition of Functional Activity Score (FAS):

Functional Activity Score is defined as the patient's ability to function with pain; it is assessed by deep breathing and coughing, or range of movement after surgery. A score is given as follows:

- A = No Limitation
- B= Mild Limitation
- C= Severe Limitation

*Relative to Baseline

Purpose of CEASED strategy:

- To ensure timely commencement of oral analgesics.
- To assist nurses to assess their patient's readiness to use oral analgesia.
- To utilize the oral route when it is reliable for absorption.
- To avoid unnecessary delays in patient progressing to oral analgesia.
- To maintain optimal analgesia via the oral route.
- To attain a Functional Activity Score (FAS) of A or B i.e. Functional target.
- To identify factors that suggest an Intravenous PCIA should not be stopped.

Roles and Responsibilities of the Nurse:

- To ensure that the PCIA competent nurses are updated/educated and familiar with the CEASED Strategy Guidelines, as part of annual education and familiarisation with the current CPP0069.
- To follow the CEASED criteria.
- EN and graduate nurses need to refer patient clinical situation to PCIA competent RN to progress instigation of a patient "CEASED criteria." Regardless if they hold a PCIA competency.
- All CEASE criteria must be met before nursing staff (organizational

Intravenous analgesic competency) can discuss ceasing the PCIA with medical staff. The prescriber can then chart the appropriate step-down analgesia.

- To identify patients whose CEASED criteria have changed via routine pain score patient observation and NOTIFY the Acute Pain Service (APS) and request a patient review.
- To ensure that pain scores and functional activity scores continue to be recorded and any deterioration reported to the APS.
- To ensure that Doctors have ordered opiates on the patients Medication Chart MR/700.2.
- Nursing staff should document in the progress notes when a patient meets CEASED criteria and when the PCIA is ceased.

Process:

- Patients can be identified by nursing staff using the CEASED criteria during the Patient assessment.
- All criteria must be met and step-down analgesia should be appropriately charted – medical staff to see appendix for dosing considerations.
- Discuss plan to change to step down analgesia with patient and parent medical staff. Acute Pain Service to be notified of activation of CEASE strategy.
- Administer analgesia approximately one hour prior to stopping PCIA.
- Cease PCIA and continue with oral PRN regimen as charted.
- Continue evaluation and documentation of pain scores and functional activity scores until discharge.

Step down Analgesia:

- Patients that have had small PCIA requirements* or short-term use* may not need

slow release (SR) medication (i.e.: Oxycontin, Targin) charted. Immediate release PRN medications (i.e.: Oxycodone) may be sufficient with regular Paracetamol.

*Examples of small PCIA requirements are:

- Morphine PCIA < 25mg in 24-hour period.
- Fentanyl PCIA < 300microg in 24-hour period.
- Oxycodone PCIA <25mg in 24-hour period.
- *Example of short-term use is <36 hours.
- Prescribing of slow-release medications must have a 'stop date' or 'review date,' with appropriate follow-on instruction for discharge and GP follow up.
- Patient on Nil oral or clear fluids only may be suitable for PCIA cessation with the use of Sublingual Buprenorphine (refer Appendix C).

****Exceptions: When CEASED Strategy is not applicable for Nursing staff to initiate:**

- The patient has a regional Infusion in progress. If a regional infusion is in progress in addition to Intravenous PCIA, the CEASED protocol cannot be utilized or still be implemented. The catheter and infusion will remain under the care of the APS.
- The patient has chronic Pain.
- The patient is opioid tolerant.
- There is a history of Substance Abuse.
- The patient was administered Intrathecal Morphine intraoperatively < 36hrs.
- The patient has a Ketamine infusion in progress.
- The Nursing staff are unsure.
- The patient refuses.

Role of the Acute Pain Service

- To act as a resource to ward Nursing Staff in implementing the CEASED

strategy.

- To nominate patients that may be suitable for the CEASED strategy (later the same day or following date).
- To provide support to Pain Champions in their role of continued education and support for CEASED.
- APS will continue ward rounds and discuss any concerns with Nursing Staff.

REFERENCES

1. Macintyre, P.E., & Schug, S.A. (2021). ACUTE PAIN MANAGEMENT A Practical Guide. W.B Saunders
2. Schug SA, Scott DA, Mott JF, Halliwell R, Palmer GM, Alcock M; APM:SE Working Group of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (2020), Acute Pain Management: Scientific Evidence (Fifth edition), ANZCA & FPM, Melbourne.
3. Khor KE; Sia A;; Cardosa (2021) Opioid Therapy for pain: A practical Guide for clinicians, pg 408-417, SingHealth Academy Publishing
4. General resources used in the preparation of this monograph include On-line: MIMS; Australian Medicines Handbook; Royal Women's Pregnancy and Breastfeeding Medicines Guide.