Pre-filled Patient Controlled Analgesia (PCA) syringes

1 Introduction

This policy outlines the method for the storage and use of pre-filled PCA syringes whenever they are in use.

2 Scope

This policy applies to all staff involved in the use of PCA syringes.

3 Aims

This policy describes the requirements for ordering, storage and administration of PCA syringes. Reference to other Trust policies regarding disposal of unused controlled drugs from PCAs and borrowing of PCAs is also given.

4 Duties (Roles and responsibilities)

The person with responsibility for the management of the ward or department has overall responsibility for ensuring the storage and use of pre-filled PCA syringes outlined in this Policy are met.

5 Pre-filled Syringes (PCAs)

Pre-filled syringes containing Morphine Sulphate 50mg in 50ml of Sodium Chloride 0.9% are available from pharmacy and are supplied in bags containing 5 syringes.

6 Ordering PCAs

6.1 Drugs diluted in this way have a short shelf life (approximately 4-10 weeks) and therefore, it is important to anticipate the stock required as accurately as possible and avoid waste. A specific PCA request book must be used and on receipt of these drugs from pharmacy, they must be entered into the specific PCA Controlled Drug Register.

6.2 Syringes should normally be ordered in multiples of 5

6.3 Expired pre-filled syringes must be returned to pharmacy for disposal.
6.4 Wards not regularly using pre-filled PCA syringes, who require ONE syringe for immediate use, may order this from pharmacy. The usual procedure for ordering Controlled Drugs must be followed using the ordinary Controlled Drug order book and register.

7 Storage of PCAs

7.1 Pre-filled syringes must be stored in a locked refrigerator that must not be readily mobile.

7.2 The fridge must have a clasp lock with a padlock. The fridge must be kept locked and the key must be with the controlled drug cupboard key, separate from the other drug cupboard keys, and kept on the person in charge of the ward.

7.3 The fridge must be fixed to the wall and / or a bench.

7.4 The fridge must be kept clean and frost free and checked for temperature control weekly. If out of range it must be reported immediately to the Estates Department.

8 Administration of PCAs

8.1 Wash hands using soap and water and dry before commencement.

8.2 The pre-filled syringes are prescribed on the opioid / PCA infusion prescription chart and documented on the patient’s medicine chart in the ‘Other Charts in Use’ section. A PCA warning sticker MUST be applied to the medicine chart to indicate that a PCA is in progress and therefore no additional opioids should be administered.

8.3 The use of pre-filled syringes containing controlled drugs must be accounted for and documented in the register specifically designated for that purpose.

8.4 Enter the patient’s name, hospital number and ward area on the pre-filled syringe in the space provided on the existing label.

9 Disposal of Unused Controlled Drug from PCAs

Disposal of unused controlled drug from PCAs should be in accordance with the Medicine Policy.

10 Borrowing of PCAs

This should be rarely necessary and only when pharmacy is closed. The procedure should follow ‘Borrowing of Drugs Out of Hours- Controlled Drugs’ in the Medicines Policy.

11 Training

The person with responsibility for the management of the ward or department has responsibility to ensure staff are adequately trained and are able to comply with this Policy.
12 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

13 Monitoring Section

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigeration of medicines</td>
<td>Under 'Refrigeration of Medicines Policy'</td>
<td>Annual audit on 10 wards / clinical areas at the RVI and Freeman to monitor compliance with Policy:</td>
<td>Pharmacy</td>
<td>Audit data will be reported to the Medicines Management Committee</td>
<td>Annually</td>
</tr>
<tr>
<td>Disposal of controlled drugs (including patients' own)</td>
<td>An audit of 25 destroyed controlled drugs will be undertaken to monitor compliance against the pharmacy 'Destruction of Controlled Drugs' policy. The audit will also assess transfer of controlled drugs to pharmacy for destruction against chapter 7.1.9 of ' Medicines Policy'</td>
<td>CGARD under the direction of the Controlled Drug Accountable Officer</td>
<td>Medicines Management Committee</td>
<td>Annually</td>
<td></td>
</tr>
</tbody>
</table>

14 Consultation and review

This policy has been reviewed and agreed by members of the Medicines Management Committee.

15 Implementation (including raising awareness)

The policy changes will be published on the intranet and the Trust Policy Newsletter.

16 References

None

17 Associated Documents

- Medicines Policy
- Refrigeration of Medicines Policy
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 11/04/2016

2. **Name of policy / strategy / service:**
   Pre-filled Patient Controlled Analgesia (PCA) syringes

3. **Name and designation of Author:**
   Yan Hunter-Blair, Assistant Director of Pharmacy

4. **Names & designations of those involved in the impact analysis screening process:**
   Yan Hunter-Blair, Assistant Director of Pharmacy

5. **Is this a:**
   Policy [x] Strategy [ ] Service [ ]

   **Is this:**
   New [ ] Revised [x]

   **Who is affected**
   Employees [x] Service Users [x] Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** (These can be cut and pasted from your policy)

   This policy outlines Trust requirements in relation to the ordering, storage and administration of pre-filled patient controlled analgesia (PCA) syringes.

7. **Does this policy, strategy, or service have any equality implications?** Yes [ ] No [x]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

   This Policy states what is expected of all Trust staff involved in the ordering, storage and administration of pre-filled patient controlled analgesia (PCA) syringes.
### Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Staff are expected to comply with this policy irrespective of their race / ethnic origin.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Staff are expected to comply with this policy irrespective of their sex.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Staff are expected to comply with this policy irrespective of their religion and belief.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Staff are expected to comply with this policy irrespective of their sexual orientation.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Staff are expected to comply with this policy irrespective of their age.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Staff with physical disabilities will be expected to comply with this policy. Staff with learning difficulties, sensory impairment and mental health may be excluded from being involved in ordering, storage and administration of drugs. This is appropriate from a safety and security perspective</td>
<td>Staff with learning difficulties, sensory impairment and mental health may be excluded from the policy; this is on the grounds of safety and security.</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Staff who have had gender re-assignment are expected to comply with this policy.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Staff are expected to comply with this policy whether they are married, in a civil partnership or single.</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Staff are expected to comply with policy when pregnant.</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No
10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes  [ ]  No  [X]  

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Yan Hunter-Blair

Date of completion: 11.04.2016

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)