

LAC+USC Healthcare Network

Learning Objectives – PCA
Post Test

I. Recognize contraindications for PCA

Which of the following would *not* be a contraindication for PCA use?

1. Patient prefers to have staff manage pain
2. Pt inability to safely comprehend use – mental impairment, language barrier
3. Use of fentanyl
4. Lack of appropriately trained nursing staff

II. Understand dose conversions between opioids

When converting from morphine to hydromorphone what is the appropriate equianalgesic ratio:

1. 1:10
2. 1:5
3. 1:2
4. 1:1

III. Understand how to set demand dose

Which is true of setting the demand dose on the PCA?

1. Ideal interval related to drug used and size of bolus demand dose
2. Lockout of 5 minutes is typically too long and leads to patient frustration and poor pain control
3. Large demand doses with long lockouts provide the best analgesia
4. All of the above are correct

IV. How to troubleshoot the 4 hour lockout

Mr. Jones is recuperating from laminectomy and has been placed on PCA. He has exceeded doses and is now locked out of the PCA. He has pushed for demand dosing every 15 minutes. His pain is 9/10. When assessing the reasons for lack of effect of the PCA which are potential causes?

1. IV infiltrated or blocked
2. Incorrect dilution of opioid drug
3. Lockout too long for patient
4. PCA dose too small for patient
5. All correct

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V. Assessing the effectiveness of dosing

When reading the PCA demand versus injected ratio what is the desired demand to delivery ratio?

1. 1:1
2. 1:5
3. 2:1
4. 2:4

VI. Recognizing opioid overdose

The first signs of overmedication with opioids is

1. Respiratory depression
2. Myoclonic jerks
3. Altered mentation (sedation)
4. Nausea

Name: _____

SID#: _____

Date: _____