White Paper

\$6,000 total | \$700 per page for content creation

Overview

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Program Features

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Specs



Page Count: not required but recommend 6-10 pages

Size: 8.5 (w) x 11 (h) - high res pdf Short Description: 200 words or less

Additional Materials Needed

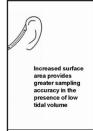
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Continuous Respiratory Monitoring and a "Smart" Infusion System Improve Safety of Patient-Controlled Analgesia in the Postoperative Period

Ray R. Maddox, PharmD; Harold Oglesby, RRT; Carolyn K. Williams, BSPharm; Marianne Fields, RN, MSN; Sherry Danello, RN, MSN

Abstract

The Anesthesia Patient Safety Foundation has noted an underappreciated risk of serious injury from patient-controlled analgesia (PCA)—including life threatening respiratory depression (RD) in young, healthy patients—and has urged consideration of "smart" PCA pumps and continuous oxygenation and ventilation monitoring of patients receiving PCA therapy. St. Joseph's/Candler Health System was the first U.S. hospital system to implement such technology. Clinical experience shows that non-invasive capnographic monitoring provides the earliest warning of RD. Use of this technology documented an incidence of PCA-related RD-bradypnea many times higher than previously reported. We describe implementation of "smart" PCA pumps with continuous respiratory monitoring and results achieved in significant programming errors averted and patients protected even when the PCA infusion was correctly programmed. Our experience shows that continuous respiratory monitoring of PCA therapy, especially non-invasive capnography, assists clinicians in early identification of RD and other complications to prevent serious adverse events and the need for costly interventions.



bated patients: modified edham, MA. Used with

nography, not pulse It the original decision h PCA module and a nts receiving PCA

Introduction

Effective pain management is essential to patient satisfaction, qua compliance with Joint Commission standards. Patient-controlled used, effective method of opioid administration for postoperative PCA therapy is also associated with serious risks.2

The Anesthesia Patient Safety Foundation notes that the significan serious injury from PCA in the postoperative period includes a lov life threatening, opioid-induced respiratory depression (RD) in you study using continuous noninvasive monitoring of both oxygenation the incidence of RD based on bradypnea was many orders of magn 2 percent widely reported in the literature. MEDMARX and U. show that when PCA pumps are involved, the chance for patient h

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