

White Paper

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

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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

- Advertiser Logo (150x140) with URL 300 dpi, eps, jpg
- Completed whitepaper in PDF format
- Customized registration page

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

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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.

Introduction

Effective pain management is essential to patient satisfaction, quality of care, and compliance with Joint Commission standards.¹ Patient-controlled analgesia (PCA), an effective method of opioid administration for postoperative pain management, is also associated with serious risks.^{2, 3, 4, 5, 6, 7}

The Anesthesia Patient Safety Foundation notes that the significant complication of serious injury from PCA in the postoperative period includes a low incidence of life threatening, opioid-induced respiratory depression (RD) in young patients. A study using continuous noninvasive monitoring of both oxygenation and ventilation documented the incidence of RD based on bradypnea was many orders of magnitude higher than previously reported in the literature.⁸ MEDMARXSM and U.S. Food and Drug Administration (FDA) show that when PCA pumps are involved, the chance for patient harm is increased 10 times.¹⁰

Increased surface area provides greater sampling accuracy in the presence of low tidal volume

stated patients; modified bedham, MA. Used with capnography, not pulse oximetry, the original decision to use PCA module and a patient receiving PCA

ave continuous

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