

Pain Relief After Stopping PCA

As the pain improves the amount of pain medicine given via PCA will gradually be reduced and stopped. Strong oral pain medicine will be prescribed and given if needed along with paracetamol and ibuprofen.

Medication to Take Home

Paracetamol and ibuprofen may be continued at home. Initially these are given regularly throughout the day, but as your child's pain improves, the frequency of these can be reduced and then stopped. Paracetamol and ibuprofen can be given together (follow instructions on the medicine boxes for doses).

Some children may need additional stronger pain medicines. The pain team will assess and advise as required.

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: www.bartshealth.nhs.uk/pals

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

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All our patient information leaflets are reviewed every three years.

Patient information

Children's Pain Control in Hospital

Patient Controlled Analgesia (PCA)



Introduction

This leaflet describes a method of providing pain relief called 'patient controlled analgesia' or 'PCA'. You have been given this leaflet as it is likely that your child will have or is having this form of pain relief during their hospital stay. It is used when there is severe pain due to surgical or medical causes.

Before starting patient controlled analgesia (PCA) a pain nurse or anaesthetic doctor (anaesthetist) will come and see you and your child to explain this method of pain relief. They will ask questions about your child's health and discuss suitable pain relief options. They will answer any questions you may have. This is to ensure that you understand what medicines your child will be given.

The Pain Management Team

Anaesthetists, specialist nurses and pharmacists are working together to prevent, assess and treat your child's pain. The pain nurse or anaesthetist will prescribe, start, review and make changes to the PCA.

Patient Controlled Analgesia

Patient controlled analgesia (PCA) is a safe way of giving strong pain medicine, usually morphine. Alternatives are fentanyl and oxycodone; occasionally ketamine is added. The pain medicine is given by a pump into your child's vein via a small plastic tube (cannula). A small amount of medicine is given continuously and if your child is in pain, they can give themselves an extra dose, or "bolus" by pushing a button on the PCA pump.

PCA is usually offered to older children who understand how PCA works and are able to push the button.

The amount of pain medicine in PCA is calculated according to your child's weight. The pump is programmed to provide a safe limit of the pain medicine that can be given. A safety lock-out period ensures that doses can't be given too often. This reduces the risk of your child experiencing side effects.

It is important that you let the nurses know if you think your child's behaviour suggests they are in pain. The nurses will assess your child's pain using an established pain assessment tool.

Only your child is allowed to push the PCA button. This is to ensure that your child safely receives the correct amount of pain medicine. **Do not push the button as you may endanger your child's life.**

The nurses on the ward are trained to use the PCA pump and assess your child's pain relief and side effects. Your child will also be reviewed each day, by a pain nurse or an anaesthetist. The pain nurses are usually available Monday-Friday 9am-5pm and at all other times an anaesthetist will be contacted for advice and review if required. They will assess your child's pain relief and make adjustments as necessary.

Your child will also be given other pain medicines in addition to PCA, usually these include paracetamol and ibuprofen. These will normally be continued once PCA has been stopped. Some children only need PCA for a day or two, whereas others may need it for longer. The length of time a

child needs PCA is assessed on an individual basis.

Some children may experience side effects associated with the pain medicine. These can include nausea and vomiting, itching, sleepiness, dizziness, reduced breathing rate, difficulty in passing urine and constipation. Your child will be monitored for possible side effects. If you notice any of these, please inform the nurse looking after your child. Side effects are managed with routinely prescribed medication, but sometimes it may be necessary to change the setting or stop the PCA. Any changes will be discussed with you.