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Background

If the PCA pumps allow optimizing the autonomy management of patients' pain and lightening nurse's workload, the **ignorance of the system** can lead to **administration and handling errors**.

In this context, between 2017 and 2020, **8 repeated adverse event concerning PCAs** was reports in our hospital, with a majority of overdose.

In response to these reports, the project was carried out to **standardize the prescribing model** (paper and computerized) in order to **securing the patient health care**.

Aim

PCA's **prescriptions** and **their monitoring** have been **assessed** in the most users care services of the hospital with the aim to collected a database for analyze.

Materials & Methods

The information have been collected among **7 departments** in 2021 through a **questionnaire completed following the interview** of the health executives, main items were :

- ✓ Prescribing and monitoring model
- ✓ Information on the prescription
- ✓ Prescription clarity
- ✓ Nurse skills



Results

Main results :

- ✓ PCA prescribing and monitoring model
- ✓ Information on the prescription

* Computerized system
* Paper utilization

- **71% (n=5/7)** of departments interviewed use a **computerized prescription**
- Necessary **information are missing on these prescriptions** :

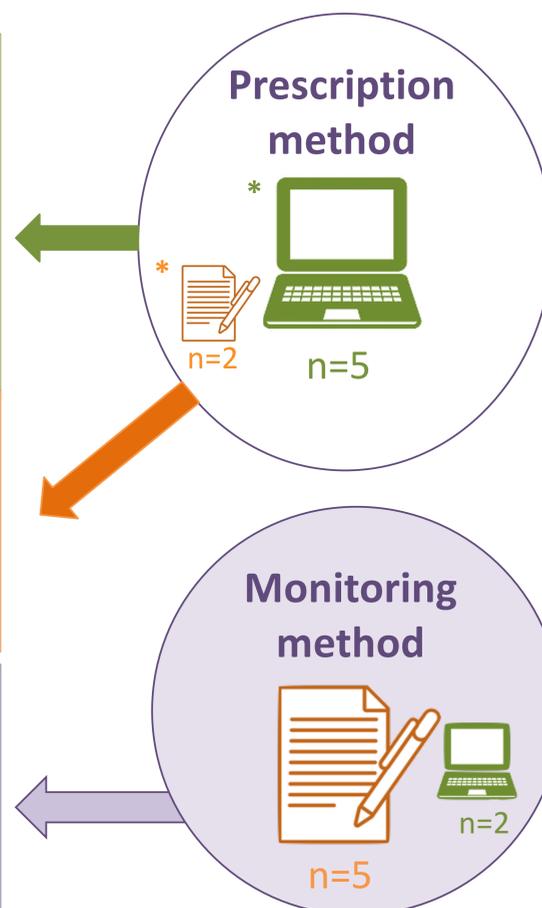
- ✗ Dilution
- ✗ Section dedicated for programming details → necessity to write a free text

2 departments use a **paper prescription** that is also used for their monitoring

- ✓ Dilution and programming details **are present, excepted** the background dose → **2 different models co-exist**

71% (n=5/7) of departments use a **paper method** as monitoring → 3 departments with a **computerized prescription** use a **paper method** to do their monitoring

7 departments interviewed



Other results :

- ✓ Nurse skills



Lack of training sessions → only 1 service had a recent course

- ✓ Prescription clarity



Only if dilution and programming details of the PCA are completed by the prescriber

Conclusion

Most problematic issues identified with this project are **the disparity of models** and the **missing data** for a complete and secure prescription. There is a necessity to **harmonized the prescription** by the establishment of a **computer protocol** and a **unique paper prescription** for non-computerized departments.



A working group comprising representatives of the pharmaceutical department, prescribers, health executive and pain-adviser nurses has been set up to work on this issue.