Implanted Intrathecal Infusion Pump [30400908]

Considerations for placement to higher level of care:
- a) Suspected infusion device malfunction.
- b) Signs and symptoms of acute medication withdrawal or respiratory depression.
- c) Severe pain that requires rapid titration of medication.

**Height** ____________________
**Weight** ____________________
**Allergies** ____________________

**General**

Notify Provider
Signs and Symptoms of opioid withdrawal may include some or all of the following: Malaise, anxiety, increased usual chronic pain, headache, backache, myalgias, insomnia, dehydration, fevers, nausea, vomiting, diarrhea, lacrimation, yawning, tachycardia, hypertension, changes in thermal regulation, sweating, piloerection, altered mental status.

[X] Notify provider
Routine, Until discontinued, Starting today
- O2 saturation less than (%): 92
- Respiratory rate less than: 10
- PaCO2 greater than (mmHg): 50
Signs of PCA pump failure:
- Signs and symptoms of increasing sedation. New onset of extremity weakness from baseline. Persistent side effects of nausea or pruritis not responsive to treatment or standing orders.

[ ] Other

**Nursing Assessments**

See Medication: Implanted Intrathecal Pump policy # 941.75

[X] Assess sedation level
Routine, Per unit routine, Starting today, a) Check every hour for 12 hours (from time of admission or bolus), then every 2 hours for next 12 hours, then every 4 hours until discharge b) Restart increased monitoring after any new programmed basal dose increase.

[X] Check respiratory rate
Routine, Per unit routine, Starting today, a) Check every hour for 12 hours (from time of admission or bolus), then every 2 hours for next 12 hours, then every 4 hours until discharge b) Restart increased monitoring after any new programmed basal dose increase.

[X] Measure blood pressure
Routine, Per unit routine, Starting today, a) Check every hour times 4, then every 4 hours during admission b) Check postural BP and HR prior to ambulating. May ambulate with assistance if upright-sitting systolic BP greater than 100 mmHg and lower extremity motor/sensory checks intact c) Restart increased monitoring after any new programmed basal dose increase.

Provider Initial: ____________________
[X] Pulse checks
Routine, Per unit routine, Starting today, a) Check every hour times 4, then every 4 hours during admission b) Check postural BP and HR prior to ambulating. May ambulate with assistance if upright-sitting systolic BP greater than 100 mmHg and lower extremity motor/sensory checks intact c) Restart increased monitoring after any new programmed basal dose increase.

[X] Continuous Pulse Oximetry
Routine, Continuous, Starting today
Keep O2 saturation greater than or equal to:
a) Monitor continuously for first 24 hours an then every 4 hours until discharge. Notify provider for O2 saturation less than 92% with patient on oxygen or if supplemental oxygen not ordered. B) Monitor pulse oximetry continuously times 24 hours after any new programmed dose increase and then every 4 hours until discharge.

[X] Nursing communication
Routine, Until discontinued, Starting today
Q15 minutes x (# of occurrences): 2
Then: Per unit routine
After every bolus monitor blood pressure, HR sedations and respirations every 15 minutes times 2 and then until stable.

[X] Nursing communication
Routine, Until discontinued, Starting today, For patients on intraspinal opioid therapy, monitor for any new neurological signs/symptoms including: a) new or different sensory symptoms (e.g. numbness, tingling, burning, hyperesthesia, hyperalgesia) b) New, occasional or intermittent bowel and/or bladder sphincter dysfunction c) New motor weakness, change in gait, and/or difficulty walking.

[X] Intake and Output
Routine, Per unit routine, Starting today, Monitor.

[X] Inspect skin
Routine, Per unit routine, Starting today, Over area of device for signs of leakage/infection (e.g. swelling, warmth, pain at site).

[X] Maintain IV access
Routine, Continuous, Starting today, Maintain patency throughout duration of admission.

[Nursing Interventions]

[X] Nursing communication
Routine, Until discontinued, Starting today, Notify device representative (Medtronic Representative 1-800-707-0933) for pump interrogation (current drug(s), quantity, infusion settings) and document in progress note.

[Other]

[Ancillary Consults]

[X] Pharmacy general consult
Routine, Once, Starting today For 1 Occurrences, To verify intrathecal pump settings, dosing and concentration.

[Other]

[Other]

Provider Initial:______________
VTE Prophylaxis

VTE Prophylaxis Pharmacological

Due to the high risk nature of Intrathecal Infusion Pumps, VTE prophylaxis with heparin / dalteparin is recommended if not already ordered.

<table>
<thead>
<tr>
<th>Option</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>[] heparin (porcine) injection 5,000 units/mL</td>
<td>5,000 Units</td>
<td>SubCutaneous</td>
<td>Every 8 hours</td>
<td>Routine</td>
</tr>
<tr>
<td>[] enoxaparin (LOVENOX) injection 40 mg</td>
<td>40 mg</td>
<td>SubCutaneous</td>
<td>Daily</td>
<td>Routine</td>
</tr>
<tr>
<td>[] Other</td>
<td></td>
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</tbody>
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IV Fluids

If Device has Remote Bolus Capability

<table>
<thead>
<tr>
<th>Option</th>
<th>Routine</th>
<th>Until discontinued</th>
<th>Starting today</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>[] Nursing communication</td>
<td></td>
<td></td>
<td></td>
<td>a) Level of Consciousness, including person, place, time and appropriateness to situation b) Depression or suicidal tendencies c) Patient's impaired cognitive status or willingness to participate in self care.</td>
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<tr>
<td>[] Nursing communication</td>
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<tr>
<td>[] Nursing communication</td>
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<td></td>
<td>Discontinue patient initiated remote bolus.</td>
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<tr>
<td>[] Nursing communication</td>
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<td>May allow patient initiated boluses.</td>
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<td>[] Other</td>
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</tbody>
</table>

Date:_______ Time:________ Printed Name of Ordering Provider:_____________________________________________

Provider Signature:___________________________________________________________________________________

Date:_______ Time:_______ RN Acknowledged: __________________________________________________________