

# Fentanyl PCA Guidelines - via Fresenius Kabi Agilia PCA syringe pump

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**Fentanyl is a potent opioid that can be used as an alternative to morphine.**

## Indications for use

- ❖ Patients with renal impairment.
- ❖ Patients with hepatic impairment.
- ❖ True allergy to morphine (*rare*).
- ❖ Severe Morphine intolerance: uncontrolled nausea, dysphoria or severe pruritus.

## Presentation

- ❖ Glass vials, solution concentration 50 micrograms Fentanyl per ml.
- ❖ Availability: 2ml (*small vials*) and 10ml (*large vials*).
- ❖ 500mcgs Fentanyl in 10 ml.

## Preparation

Add Fentanyl 1,000 micrograms (*Two x 10 ml large vials: total 20 mls of 50mcgs/ml*) to 30mls Sodium chloride 0.9% drawn up into a 50ml luer lock syringe to make a total volume of 50ml.

= 1,000 micrograms divided by 50mls.

= Final concentration 20 micrograms/ml.

- ❖ **Check and Label syringe as per NHSL policy, (*24hour expiry*).**
- ❖ **Check prescription on Hepma and PCA prescription chart.**
- ❖ **Program Fresenius Kabi Agilia PCA syringe pump; only if you have completed specific pump training program.**
- ❖ **On programming pump ensure you select the correct make of syringe. The pump default is BD Plastipak which is our current stock luer lock 50ml syringe.**
- ❖ **Prime PCA extension set (*requires anti siphon and anti reflux valve*) currently Alaris Extension Set (*Ref 30852*).**
- ❖ **Review program against prescription chart and syringe with colleague and sign on checking together. Lock pump cover.**

## Standard Prescription Fentanyl PCA Regime

**20 microgram bolus = 1ml**

**5 minute lockout**

*(20 micrograms of Fentanyl is approximately equivalent to 1mg of morphine)*

### Changing PCA Syringe

- ❖ Can only be changed by staff trained to do so.
- ❖ PCA syringes should be changed every 24 hours if prescription to continue.
- ❖ PCA giving sets can be in situ for up to 72 hours and then require renewal if prescription to continue.

### Discontinuing the PCA

- ❖ Two nurses must verify and destroy all remaining drug, emptying the syringe into a sharps bin - details should be recorded on PCA chart.
- ❖ Oral analgesia must be prescribed and administered prior to removal of the device.

**No background infusion usually**, except on prescription by an anaesthetist. **Any background infusion requires level one monitored bed.** Requires same 2 hourly observation management as Morphine PCA.

Notify Acute Pain Service of patient for review or on call Anaesthetist out of hours (Page 003).

### Acute Pain Service

Nurse Specialist S Anderson/Linsey Steele (DECT 6224/Page 021), Dr C. Slorach (Page 133): Monday - Friday 08:30-16:30  
After hours or if unavailable, contact Duty Anaesthetist (Page 003)