

PROTOCOL FOR: ON-Q Pain Management System: Care of the Patient with

- POLICY:**
1. The ON-Q Pain Management System is initiated in the operating room by the surgeon and maintained postoperatively by the RN or LPN.
 2. The flowrate is determined by the surgeon upon insertion intraoperatively and is based on the type of pump used. The flowrate cannot be changed once initiated.
 3. The infusion is complete when the pump balloon is deflated.
 4. The pump is single-use only and must not be refilled.
 5. A pain level of 5/10 or greater or any level that is unacceptable to the patient requires further assessment and review.
 6. The RN or LPN may remove the catheter and pump once the infusion is complete, but **ONLY** with an order from the physician/LIP.

**DESIRED PATIENT
OUTCOMES:**

1. Patient will demonstrate or report adequate pain relief as evidenced by a pain score that is acceptable to him/her.
2. Patient will experience minimal or no complications or side effects as a result of this treatment.

**SUPPORTIVE
DATA:**

1. The ON-Q Pain Management System provides a continuous infusion of a local anesthetic directly into the patient's surgical site for post-operative pain management. The system consists of a chamber filled with a local anesthetic, which is connected to a catheter that has been placed by the surgeon into the wound site. The pump provides a positive pressure of 10psi (500mmHg). The ON-Q pump is completely portable and can be clipped to the patient's gown or placed in a carrying pouch. The ON-Q Pain Management is safe to use on patient's with latex sensitivity.

**CLINICAL
ASSESSMENT
AND CARE:**

1. Confirm patient's understanding of the 0 to 10, faces pain scale, or alternative pain scale and instruct as necessary.
2. Assess and monitor vital signs per unit protocol.
3. Assess and document patient's pain score upon patient's arrival to unit and at least q4h or more frequently as patient condition warrants.
4. Assess the dressing over the catheter insertion site. Ensure that the site remains clean and dry. Do not remove the dressing as this may dislodge the catheter.
5. Be sure tubing clamp is open. Check for kinks in the tubing. If the tubing appears crimped or kinked, massage area on the tubing to facilitate flow.
6. For accurate flow rates, make sure that the flow restrictor is in contact with the patient's skin. Tape if necessary.
7. Do not place tape over the in-line filter. The filter must

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remain open to air to promote release of air bubbles. Trapped air bubbles in the tubing can create an air lock.

8. Check to make certain the medication label is attached to the pump.

PROCEDURE FOR: REMOVING THE CATHETER AND PUMP

EQUIPMENT: Gloves
Bandaid or Dry Sterile Dressing

ACTION

POINTS OF EMPHASIS

- | | |
|--|--|
| 1. Wash hands and don gloves | |
| 2. Remove catheter site dressing and loosen adhesive skin closure strips at catheter site. | |
| 3. Grasp catheter close to the skin and gently pull catheter to remove. | 3. Catheter should be easy to remove and not painful. Do not tug or quickly pull on the catheter during removal. |
| 4. If resistance is encountered or catheter stretches, STOP. Continued pulling could break catheter. Wait 30-60 minutes and try again. | 4. The patient's body movements may relieve the catheter to allow easier removal. |
| 5. If catheter is still difficult to remove, contact the surgeon/LIP. | |
| 6. After removal, check the distal end of the catheter for the black marking to ensure the entire catheter was removed. | |
| 7. Cover puncture site with a bandaid or dry sterile dressing. | |

SAFETY: 1. Patients utilizing the ON-Q Pain Management System may experience loss of feeling at and around the surgical area. If numbness occurs, take proper measures to avoid patient injury. Implement the NPM protocol for *Falls: Risk Identification, Prevention Management and Treatment* if necessary.

**REPORTABLE
CONDITIONS:**

1. Unacceptable level of pain relief.
2. Excessive drainage at the incision site or catheter site.
3. Redness, swelling, tenderness or discharge at the catheter site.
4. Dizziness/light headedness.
5. Blurred vision
6. Numbness and/or tingling around the mouth, fingers, or toes
7. Mental status changes

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8. Itching, nausea/vomiting or constipation/urinary retention

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/09

REVISION DATES:

REVIEWED DATES: