Patient Controlled Analgesia (PCA) by Proxy

What Is Patient Controlled Analgesia?

Analgesia is the medical term for pain relief. With PCA, you are able to give your own dose of pain medicine. PCA is based on the belief that you are the best judge of how much pain you are feeling and that each person may need a different amount of medicine to relieve pain.

How IV PCA Works

The PCA system consists of two parts: a pump which is kept next to the bed, and a control button at the end of a cable which you keep at your side. Pain medicine from a syringe placed in the pump goes through tubing into your IV. Your nurse will set the pump to give the amount of medicine that your doctor has ordered for you.

To receive a dose of medicine, all you need to do is press the control button. When you press the button the medicine goes into your IV. For a short time (often 6-10 minutes) after you receive the dose, the pump will not give you another dose, even if you press the button again. This allows time for the medicine to work. If after a brief wait, you still have pain, press the button again to receive a second dose. The control button will light up when another dose is available for you. It is common to have to press the button several times each hour to keep pain under control.

What is PCA by proxy?
PCA by proxy is a term used when a family member or caregiver is given permission to help provide pain control for the patient by pushing the button on the PCA pump.

Is this safe?
Opioid pain medicines are delivered by the PCA pump. These medicines can provide great pain relief. As with any other medicine, they also have side effects. The side effects from these medicines include nausea, itching, sleepiness, decreased breathing and, if not monitored carefully, death.
Who can safely be the proxy?
This is a very serious responsibility for family members and caregivers. PCA by proxy is safe when the team caring for the patient is able to identify a person who can safely act as the proxy. This would be someone who knows the patient well. This person is able to identify when the patient is in pain – either when the patient tells them they are in pain or if the person recognizes behaviors in the patient that indicate pain. The proxy then pushes the PCA button which delivers medicine to the patient. If the person who is acting as the proxy does not understand the signs of pain the patient displays, they may give too little or too much pain medicine. If they give too little pain medicine, the patient will remain in pain. If they give too much pain medicine the patient can become sleepy, may not breath normally and, in rare circumstances may die.

How will the proxy be identified?
If the team caring for the patient feels this is an appropriate method of pain control, they will discuss if there is an appropriate family member or caregiver that can act as a proxy. That person would need to understand:

- The risks and benefits of the medicine and PCA as explained above
- The signs of pain in the patient or understand them when they ask for medicine
- When it is safe to give a dose of medicine; for example, it is not safe to give more medicine when the patient is sleeping
- To discuss with staff member or call for help if a change in patient’s breathing is noted
- The need to spend significant amount of time at the bedside so the patient can get consistent pain relief

If there is a family member or caregiver that understands all of these elements and agrees to participate in the care in this way, they will be asked to be the proxy and provided the needed education. Staff members will check with the proxy every shift to ensure they understand how to carry out the role of proxy.

What if the proxy needs to leave?
If at any time the proxy feels they cannot fulfill their role, they should talk to the RN who will help resolve the issue. This is a lot of responsibility and we want people to feel comfortable with their decision. It is understandable that people may not be able to be at the bedside the entire time a patient is admitted. If the proxy needs to leave for short periods of time, such as for meals, the RN caring for the patient may be able to take over the role of proxy while they are gone. If the proxy needs to leave for the night or several days, they should notify the RN in advance so the team can identify another method of pain control for the patient. The current proxy cannot give permission to another person to push the pain button – that is not safe. If there is a change in the proxy, the team will need to discuss the change and the proxy will need to be educated by a staff member.
The team may also decide to change methods of pain management. One example of a change may be if the patient’s pain does not appear to be well controlled, or if the patient experiences intolerable side effects, the team may change the pain plan. A second example may be that the patient condition changes and they are able to tolerate pain medicine in another method; the patient may be transitioned to that other method. Also, if the patient’s pain improves, they may not need that type of pain medicine. The team will discuss these changes with the family and the proxy.

**How will I know if it is safe to push the button?**

If the patient tells you they are in pain or shows signs of pain, it would be appropriate to push the button. When a patient receives too much pain medicine, they typically become sleepy first. It may be difficult to notice that difference at night when people are sleepy anyway. The next change noticed will be a change in their breathing pattern. It may be a slowing of their rate or that they don’t take deep breaths. You may notice an increase in snoring or periods where they do not take a breath for what feels like a long time. If you notice any of these changes, don’t hesitate to ask a staff member to come and check on the patient. You can also try to awaken the patient or encourage them to take a deep breath while you are waiting for a staff member to respond. If you are concerned that your loved one is getting too sleepy or not breathing correctly, you should stop pushing the button until a staff member checks the patient and tells you it is ok to push the button again when needed. If a patient is sleeping, the button should not be pushed until the patient awakens and can indicate they need more medicine.

Everyone’s first priority is to keep the patient safe.