A risk factor that increases the risk of respiratory depression have been identified.

- The body weight
- The use of sedation and opioid agents (opioids and anxiolytics)

Two procedural cognitive interventions have determined patients are capable of participating in pump management (𝑛patient control analgesia pump). The next step will be the establishment of guidelines for patient control analgesia pump.

The healthcare provider should first look at these strong fixes. There they will see the most critical areas to address. In looking at fixes, they can be categorized as strong, intermediate or weak fixes.

Q: From your experience, what would you recommend to other healthcare providers to help them address the issues you’ve discussed?

A: Implementing a comprehensive approach to assessment, monitoring, and patient education is critical to preventing adverse events. There are many stakeholders. In looking at fixes, they can be categorized as strong, intermediate or weak fixes.

Joint Commission: Need for Safe Use of Opioids in Hospitals

As a registered nurse (RN) and nurse manager, I have had the opportunity to address the issue of patient-controlled analgesia (PCA) adverse events. In my experience, there are several factors that contribute to these events. One of the most significant is patient education. It is essential that patients understand the importance of managing their pain while in hospital and the potential risks associated with overuse. Additionally, having a multidisciplinary approach involving nurses, physicians, and pharmacists can help prevent adverse events.

To reduce the risk of opioid-related adverse events, the Joint Commission has developed a patient safety checklist. This checklist includes guidelines for pain management, such as the use of PCA pumps, and was developed in collaboration with the Patient-Patient Alliance for Health & Safety. The goal of the checklist is to improve patient safety and reduce opioid-related adverse events.

**PCA Pump Initiation, Refilling, or Programming Change**

1. **Risk Factors:**
   - Higher body weight
   - Use of sedation and opioid agents (opioids and anxiolytics)

2. **Two Procedural Cognitive Interventions:**
   - Patient identification
   - Administration of the correct medication

3. **Two Procedural Cognitive Interventions:**
   - Patient identification
   - Administration of the correct medication

4. **Two Procedural Cognitive Interventions:**
   - Patient identification
   - Administration of the correct medication

5. **Two Procedural Cognitive Interventions:**
   - Patient identification
   - Administration of the correct medication

**PCA Pump Check-out at Change and Before Every Shift (Recommended)**

1. **Patient safely identified:**
   - Verifying patient identity

2. **Allergy identification:**
   - Verifying medication allergies

3. **PCA pump settings verified:**
   - Verifying pump settings

4. **Electronic monitoring verified:**
   - Verifying vital signs

5. **Patient assessment condition has been added to shift chart documentation:**
   - Verifying patient condition

**Hospitals That Have Reduced PCA Adverse Events**

- **St. Joseph’s/Candler Hospital (SJ/C):**
  - Three Times as Likely
  - $2.5 million, 5-year return on investment

- **Wesley Medical Center:**
  - $4 million, estimated potential expenses averted

- ** Achieving Zero Code Blues:**
  - 60% reduction in PCA adverse events

**Achieving Zero Code Blues:**

**Physician-Patient Alliance for Health & Safety**
- 60% Reduction in PCA Adverse Events
- 362B Events in 3 Years
- Over the 3-year period from June 2006 to May 2009, only 12% of patients who were undergoing surgery entered the hospital with a PCA pump.

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