COVID-19 End of Life Palliation Protocol: Administration of IV Opioids via Authorized Agent Controlled Analgesia (AACA)

I. Purpose:
To provide non-ventilated end of life patients with COVID-19 pain and dyspnea control and comfort care by administering an opioid analgesic via a programmable, tamper resistant device that allows an authorized agent to administer prescribed doses. The AACA provides safe, timely, individualized, effective pain relief for those patients who are unable to use PCA independently.

II. Definitions:
- **PCA-Patient Controlled Analgesia**
- **Authorized Agent Controlled Analgesia (AACA)** is a method of pain control in which a consistently available and competent individual is authorized by a prescriber and properly educated to activate the dosing button of an analgesic infusion pump when a patient is unable, in response to that patient’s pain.
- **Continuous or Basal** is the mode used to deliver a continuous dose of drug per hour. Continuous mode may be used alone or in combination with bolus dose mode.
- **Demand dose** is the dose the patient will receive when the button is pressed. Also referred to as the bolus or demand dose.
- **Lockout interval** is the time period, in minutes, during which the device will not deliver a demand dose.

III. Procedure:
- This protocol is indicated for the **non-intubated COVID-19 end of life comfort care** patient that is unable to press the PCA independently.
- End of life comfort care AACA must be **approved by a Palliative Medicine provider**.
- **Only the authorized agent, defined as the RN caring for the patient, will push the AACA button.** Patient and/or visitor will not push the AACA dose delivery button. *Keep the button out of patient reach.*
- The class of drugs administered via the AACA device is **Opioid Analgesia** (e.g. Morphine, Hydromorphone, and Fentanyl)
- The AACA may include a **bolus dose** with or without a **continuous basal dose**.
- **End-Tidal Carbon Dioxide (ETCO2) is not required** for end of life comfort care.
- **Two RN independent double check** assessment and documentation is required on initiation and with changes (dose/rate, medication, change of caregiver, and discontinuation).
- **Every 2 hours**: AACA RN will assess and document in the medical record:
  - Pain assessment
  - Dyspnea assessment
  - Number of attempts, # of injections, and total dose delivered
- **Every 4 hours**: AACA RN will assess and document **vital signs, pump settings and pump history in the medical record**. Every 4 hours clear the pump history on the AACA pump.
- The **AACA order will include indications for AACA RN to activate the bolus dose**:
  - **Verbal Patient Indications**:
    - Pain: Moderate to severe (Numeric Rating Scale 4-10)
    - Dyspnea: Moderate to severe (Numeric Rating Scale 4-10)
  - **Non-Verbal Patient Indications**:
    - Moderate to severe FLACC or PAINAD pain assessment tool score 4-10, and/or
    - Respiratory rate > 25, grimacing, furrowed brow, moaning, increased work of breathing such as use of accessory muscles (neck, shoulder, abdomen).
- The **AACA order will include action to take for unrelieved pain, excessive side effects, or other conditions specified by the provider.**

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