

6. Usage and Duration

This is for managing acute postoperative pain.

- (1) Intravenous PCA: Each medication bag lasts three days, with a maximum treatment cycle of six days.
- (2) Epidural PCA: Due to infection concerns, usage is limited to three to five days.

7. Daily Visits

Anesthesiologists and nurses will visit the ward daily. You can raise any questions with the medical team.



8. Costs

PCA is not covered by national health insurance and requires self-payment.

- (1) Intravenous Patient-Controlled Analgesia (IV PCA):

- ◆ First treatment cycle (within 24 hours): NT\$6,000 (including technical fees, SpO2 monitoring, materials, and medication).
- ◆ Beyond 24 hours: NT\$1,000 per additional day until discontinuation

- (2) Epidural Patient-Controlled Analgesia (Epidural PCA):

- ◆ First treatment cycle (within 24 hours): NT\$6,000 (including technical fees, SpO2 monitoring, materials, and medication).
- ◆ Beyond 24 hours: NT\$1,000 per additional day until discontinuation.

Self-Assessment (True/False)

- () 1. After PCA is set up, the patient does not need to press the PCA button for medication to enter the body.
- () 2. After PCA is set up, if the patient feels unwell, they must immediately notify medical staff.

Please write down your question:

Changhua Christian Hospital wishes you a successful surgery and a speedy recovery!

References:

Miller, R. D., Eriksson, L. I., & Fleisher, L. (2020). *Miller's Anesthesia* (9th ed.). Churchill Livingstone Elsevier.

Established Date: August 2006

Revised Date: August 2024 (14th Edition)

Code: 6600-Single-Chinese-001-14

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Patient-Controlled Analgesia (PCA) Instructions



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1. What is PCA?

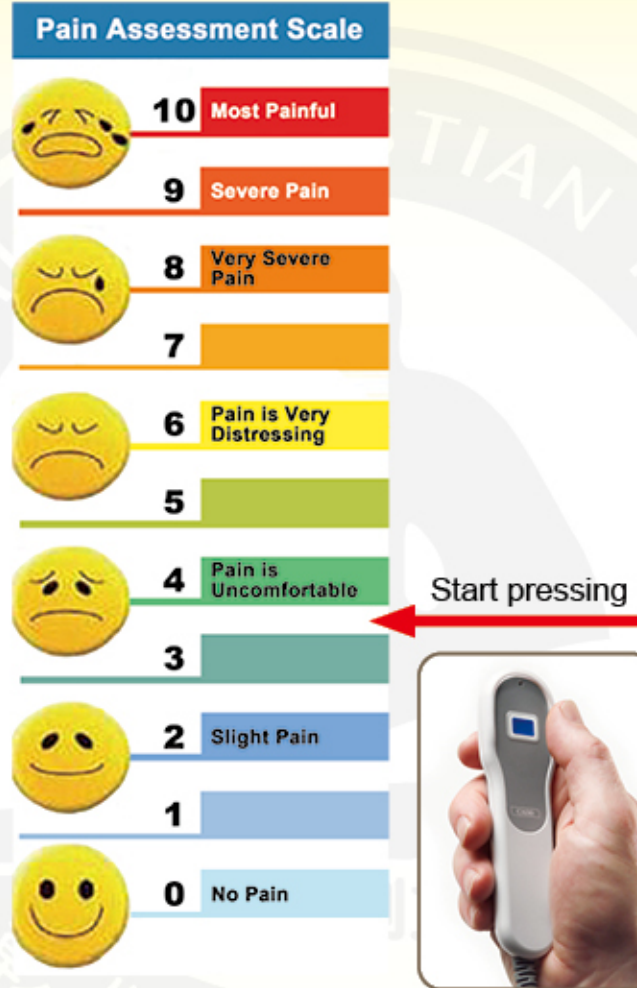
The PCA device is connected to the patient's body to administer medication. When the patient feels pain or anticipates pain (e.g., turning over, getting out of bed, or dressing changes), they press the blue button five minutes prior, achieving pain relief in a short time.

2. Benefits of PCA

- (1) Reduces the duration of pain.
- (2) Medication dosage is adjusted according to the patient's needs.
- (3) Patients can control their pain relief, ensuring stable results.
- (4) Effective pain control allows patients to get out of bed earlier, promoting wound healing.



3. Operating Instructions:



4. Precautions

- (1) Since pain is subjective, the PCA device should be operated by the patient to achieve the most suitable pain relief.
- (2) This procedure should only be used when the patient is conscious and experiencing

pain. Family members are prohibited from pressing the button due to patient agitation.

- (3) About 15–20% of patients may experience dizziness, nausea, vomiting, or itching. If these symptoms occur, the dosage can be adjusted, or antiemetics can be used to alleviate them.
- (4) A small number of patients may experience drowsiness or slowed breathing (fewer than eight breaths per minute). Notify the ward nurse immediately if this occurs.
- (5) PCA does not affect wound healing or intestinal peristalsis significantly, so it can be used with confidence.
- (6) PCA is restricted to in-hospital use with a doctor's prescription and must not be taken outside the hospital. Loss or damage will incur compensation and legal responsibility.
- (7) Patients must be accompanied by family members when getting out of bed to prevent falls. Disconnect the transformer before leaving the bed, and avoid pulling on the device.

5. Safety Features

An anesthesiologist sets the PCA device's safety interval (approximately 5 to 20 minutes) based on the patient's age, weight, type of surgery, and physical condition. Pressing the blue button repeatedly within this interval will not administer additional medication, preventing overdosing and ensuring safety.