

PICU to Ward Transfer Pain & Symptom Management (CST) Roles of APS Provider

1

Review patient identified by PICU for discharge ensure APS is happy for transfer to ward.

APS involvement communicated to MRP or delegate

2

Ensure PICU provider is clear on plan for infusions from APS perspective

3

Complete PED ANES Multimodal powerplan in a PLANNED state all medication that APS will manage on the ward.

4

Once contacted by ward RN, INITIATE orders and perform order hygiene to ensure no duplication.



APS will be notified for:

- All patients under 6 months old on an opioid infusion
- All spine surgery patients
- Any major burns
- **ANY** patients there is concerns with pain management

Any patient:

- With an epidural or continuous regional catheter
- On Dexmedetomidine
- On Ketamine
- On Fentanyl
- On Hydromorphone infusion
- On a PCA
- On Methadone
- On Sativex (Cannabinoids) and requiring pain management
- On opioid/sedation weaning (or if been on opioids for more than 7 days)