

PICU to Ward Transfer Pain & Symptom Management (CST) Roles of MRP/team Provider

1

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

2

Confirm who is managing pain on the ward
(Team or APS)

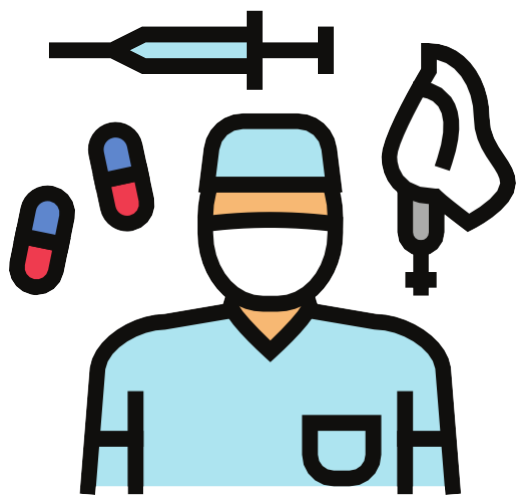
3

If APS NOT FOLLOWING:

Complete PED Pain & Symptom Powerplan in a PLANNED state for ALL pain & symptom drugs confirming with PICU current analgesia requirements.

4

Once contacted by ward RN, SIGN transfer rec, INITIATE pain & symptom 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)