

PICU to Ward Transfer

- Pain & Symptom Management (CST)

Roles of PICU Provider

1

Identify patient who is ready for transfer to ward

2

Review active order profile to adjust all medications for pain & symptom management to be ward appropriate

3

Complete Transfer Reconciliation in PLANNED state (Plan to discontinue ALL medications for pain & symptom management EXCEPT for Cardiac Surgery patients)

4

- Notify Acute Pain Service (APS)
about patients who meet criteria(s)* to be followed up in ward
- Place Communication Order : "APS to review patient and place Power Plans in planned state PRIOR to transfer"



*Notify APS for:

- All patients under 6 months old on an opioid infusion
- All patients on hydromorphone infusion
- All spine surgery patients
- ANY patient you have concerns for pain
 - o With an epidural or continuous regional catheter
 - o On Dexmedetomidine
 - o On Ketamine
 - o On a PCA or NCA
 - o On Methadone
 - o On Sativex (Cannabinoids) and requiring pain management
 - o On opioid/sedation weaning (or if been on opioids for more than 7 days)
 - o With major burns