



# PAIN MANAGEMENT WORKBOOK AND CERTIFICATION TOOLS

**Name** .....





**TAIRAWHITI DISTRICT HEALTH  
GENERIC MEDICINE MANAGEMENT  
CERTIFICATE - OPIOIDS**

**NAME:** \_\_\_\_\_  
Surname \_\_\_\_\_ First Names \_\_\_\_\_

**WARD/DEPT:** \_\_\_\_\_ **Employee ID Number:** \_\_\_\_\_  
(on payslip)

It is the employee's responsibility to ensure that all required certification is kept up to date.

**Attendance at pain management study day**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and designation of certicator)

**Written test completed with 100% pass**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and designation of certicator)

**Clinical competence assessment**

CODE	COMPETENCE DEMONSTRATED	DATE	CERTIFICATOR SIGNATURE (Name and Designation)
<b>OM</b>	Opioid management		
<b>NIV</b>	Direct injection of IV Opioid		
	Continuous Infusion of IV Opioid		
	Nurse Controlled Analgesia		
	Patient Controlled Analgesia		
	Intermittent infusion of IV Opioid		

Send a copy of this form along with completed workbook for marking:

**Nurses to:** Education Co-ordinator, C/- Nursing Quality Services, Ward 10  
**Midwives to:** The Midwifery Educator

Successful completion will be entered onto the IV Certification Database and a certificate will be issued.

**Retain the original for your own record.**

# OPIOID TEST FOR BEGINNING CERTIFICATION

Name: \_\_\_\_\_ Ward: \_\_\_\_\_ Date: \_\_\_\_\_

Please read all questions **carefully** and answer them as fully and as neatly as you can. Information regarding the questions can be found in the TDH IV Therapy Manual or 2009 Pain Management Handbook and Appendices. **Section 1** questions are compulsory regardless of work area. **Section 2** questions are specific for nurses who work with adults and midwives. **Section 3** questions are for nurses who work in Paediatric Areas (including Emergency Department).

The pass mark for this test is **100%**.

## **Section 1 - For ALL Nurses/Midwives to Answer**

1. What is meant by the term 'balanced analgesia'? (*Handbook Section 3*)

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2. What are the essential steps in establishing balanced analgesia? (*Handbook Section 3*)

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3. Why is it important to give regular baseline analgesia? (*Handbook Section 3*)

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4. How often should you complete pain scoring for a patient who **may** be experiencing pain? (*Handbook Section 3*)

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5. If a patient is asleep, do you assess them for pain?

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6. You have a patient you need to assess for pain for the first time. Nominate a pain assessment system (ie, numerical/faces etc). Explain the pain score chart you have chosen as if explaining this to the patient. (*Handbook Section 3*)

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7. IV Opioids can only be given by certain people. (*IV Therapy Manual C43*)

a) *who can give them?*

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b) *where would you find this information?*

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8. How are opioids thought to relieve pain? (*IV Therapy Manual C43*)

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9. Name 4 side effects that we **commonly** see in both adult and paediatric patients receiving opioids, especially when given parenterally. (*IV Therapy Manual C43*)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

10. What baseline recordings need to be carried out before commencing a patient on IV Opioids?  
(*Handbook Section 3*)

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11. What recordings are required following administration of a bolus dose of IV opioid?  
(*Handbook Section 3*)

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12. In which situations would you avoid using IV Opioids? **Name 5.** (*IV Therapy Manual C43*)

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13. What is the most accurate way of assessing a patient's sedation at night?

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14. What advantages does titrated intravenous opioids have over other routes, such as oral or subcut administration? (*Handbook, Section 8*)

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15. What does the term **first pass effect** in relation to opioids mean? (*Handbook Section 5*)

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16. What implications does this have for the prescribing of oral opioids? (*Handbook Section 5*)

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17. What are the requirements for disposing of unused opioid?

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18. What is the antidote for opioids? (*Handbook Section 5*)

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19. When narcotics are charted, who is responsible for ensuring naloxone is charted?  
(*Handbook Section 5*)

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20. Who can give naloxone? (*Handbook Section 5*)

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21. What are the adverse effects of naloxone? (*Handbook Section 5*)

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22. What is the adult dose of: (*Handbook Section 5*)

- a) *Titrated naloxone?* \_\_\_\_\_
- b) *Rescue Naloxone?* \_\_\_\_\_

23. What is the half life of naloxone and what implications does this have for the patient? (*Handbook Section 5*)

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## **NCA/PCA**

24. For a patient on NCA/PCA, what checks are done with each shift change? (*Handbook Section 10*)

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25. Who decides whether a PCA or NCA is used and where is this charted? (*Handbook Section 10*)

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26. You are looking after a patient on a PCA with a basal infusion and you find the patient not responding to noxious stimulation. On closer observation, the patient's respirations are irregular, shallow and slow. What do you do?

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## Section 2 - For Nurses working on Adult Wards/Units and Midwives

26. Why are elderly patients more at risk of the effects of centrally acting medicines such as opioids?

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27. A house surgeon may prescribe and administer IV Opioids for adult patients. Name one situation when this may be required. What responsibilities does the H/S have? (*IV Therapy Manual C43*)

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- a) *Why is IV morphine the opioid of choice for the treatment of acute pain associated with cardiac events, such as an MI? (Own Research)*

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- b) *Why is IV the route of choice in the above situation?*

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28. Mr P has had a laparotomy and bowel resection. He returns to the ward with a standard morphine PCA (dose = 1mg; delay = 5mins and hour limit of 10mg). Preoperatively he has been taking 60mgs LA-morph BD for chronic back pain and occasionally required sevredol 20mgs for "breakthrough pain". Mr P's surgical pain is extremely severe, and despite giving the prescribed additional boluses, his pain remains uncontrolled. (*Handbook Section 3*)

- a) *Why is the PCA failing to provide adequate pain relief for this patient?*

- b) *What must be taken into account when prescribing opioids for patients such as Mr P?*

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29. You are asked to select the most appropriate actions from the Management of Complications “Troubleshooting Guidelines” for the following clinical situations and **write them in the spaces provided.** (Handbook Section 3), IV Therapy Manual C43, PCA Prescription Form).

a) John (75years old) has been on PCA following his motor vehicle crash in which he sustained a broken leg. He was converted to oral opioid analgesia with regular BD LA-morph and “rescue” sevredol earlier in the day. At change of shift, John is noted to be very drowsy (sedation score = 2) so you decide to keep a closer eye on him. However, when next checking John, you find he has become very sleepy and difficult to rouse and his respirations are now only 8/minute. What are you going to do?

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b) Cynthia has undergone a straightforward caesarian section with a PCA for pain relief. You are the certificated nurse/midwife on duty. Cynthia has been stable since arriving on the ward, but has become significantly more drowsy and hypotensive in the last hour. Her vital signs are sedation score = 2, systolic B/P = 80mmHg, although her respirations are still within normal parameters. What are you going to do?

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30. What does the term “opioid naïve” mean and what implications does it have for the use of these drugs? (Handbook Section 3)

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**Section 3 - For Nurses working in Paediatric areas including the Emergency Department**

31. When administering oral opioids to children, what are your responsibilities? (TDH Children’s Acute Pain Management Handbook - Appendix 5)

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32. Where would you find the naloxone prescription and what is the paediatric dose? (Handbook, Appendix 6)

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33. What checks do you need to carry out on a child >6months of age before administering morphine. (Handbook, Appendix 4, Paediatric Morphine Flowchart)

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34. Explain actions to take in the event of: (*IV Therapy Manual C43, Handbook Section 8*)

a) *Respiratory depression;*

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b) *Decreased level of consciousness;*

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c) *Reduced systolic BP;*

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35. If you need to look after a PCA pump and you are not familiar with it's operation, what are you going to do?

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36. Who can prescribe for a PCA? \_\_\_\_\_

(*Handbook Section 10*)

37. In what circumstances can a House Surgeon alter a prescription for a PCA?

(*IV Therapy Manual C43*)

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**When completed, send test to be marked -**

**Nurses to:** Education Co-ordinator C/- Nursing Quality Services, Ward 10

**Midwives to:** The Midwifery Educator

**DIRECT IV OPIOID INJECTION  
CLINICAL ASSESSMENT**

**Name:** \_\_\_\_\_ **Ward:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LEARNING OUTCOME**

The Nurse/Midwife is able to clearly demonstrate confidence and competence in the administration of a direct injection of Intravenous Opioid.

<b>SKILLS</b>		<b>YES</b>	<b>NO</b>
1.	Correctly prepares medication for injection		
2.	Explains procedure to the patient		
3.	Demonstrates administration of IV opioid under direct supervision of Certicator		
4.	Describes the procedure and rationale for monitoring of the patient (and when relevant, the baby).		
5.	Demonstrates (or describes) the correct procedure for discarding any unused narcotic.		

**Assessor Name and Designation:** \_\_\_\_\_

**Assessor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PCA PUMP CLINICAL ASSESMENT

**Name:** \_\_\_\_\_ **Ward:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### LEARNING OUTCOME 1

The Nurse/Midwife is able to explain the nursing/midwifery responsibilities for managing the patient with PCA.

SKILLS		YES	NO
1.	States who can a) check medication for PCA. b) oversee monitoring/administration.		
2.	Explains the key principles of PCA		
3.	Describes educational preparation of patient for PCA		
4.	Provides 2 features of prescription for PCA, including ONE essential component		
5.	Explains mode of action of opioids		
6.	Gives 5 <b>common</b> side effects of opioids, including the most serious		
7.	Describes the base line monitoring for the patient on PCA		
8.	Explains actions to take in the event of a) respiratory depression; b) decreased level of consciousness; and c) reduced systolic B/P.		

**Assessor Name and Designation:** \_\_\_\_\_

**Assessor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## LEARNING OUTCOME 2

**Nurse/Midwife Name:** \_\_\_\_\_

The nurse/midwife is able to set up and programme the PCA pump ready for use.

SKILLS		YES	NO
1.	Identifies and locates the correct equipment		
2.	Describes the components of the administration set		
3.	Demonstrates the correct installation and priming of the medication reservoir (eg syringe/cassette/bag) and tubing		
4.	Demonstrates the correct procedure for programming the PCA according to prescription, and the rationale for rechecking settings at each change of duty.		
5.	Knows the security code numbers to use for accessing the pump's programming features.		
6.	Demonstrates procedure for giving a "nurse-administered" bolus.		
7.	Successfully commences the PCA pump		
8.	Describes troubleshooting the following: a) patient has exceeded 1 hour limit b) low batteries c) occlusion		

**Assessor Name and Designation:** \_\_\_\_\_

**Assessor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**TAIRAWHITI DISTRICT HEALTH**  
**SPECIALTY MEDICINE MANAGEMENT**  
**CERTIFICATE – EPIDURAL MANAGEMENT**

**NAME:** \_\_\_\_\_  
Surname \_\_\_\_\_ First Names \_\_\_\_\_

**WARD/DEPT:** \_\_\_\_\_ **Employee ID Number:** \_\_\_\_\_  
(on payslip)

It is the employee's responsibility to ensure that all required certification is kept up to date.

**1. Attendance at pain management study day**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and designation of certicator)

**2. Written test completed with 100% pass**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and designation of certicator)

**3. Clinical competence assessment with 100% pass**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CODE	COMPETENCE DEMONSTRATED	DATE	CERTIFICATOR SIGNATURE (Name and Designation)
<b>EPI</b>	<b>Epidural catheter management</b> , including administration of medicines via epidural catheter, and, where relevant, dressing and catheter removal.		

Send a copy of this form along with completed workbook for marking:

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**Midwives to:** The Midwifery Educator

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# EPIDURAL TEST FOR BEGINNING CERTIFICATION FOR NURSES AND MIDWIVES

Name: \_\_\_\_\_ Ward: \_\_\_\_\_ Date: \_\_\_\_\_

Please read all questions **carefully** and answer them as fully and as neatly as you can. This is an “open book” test and as such the pass mark is **100%**.

If you have any queries regarding clarification of the content matter, please discuss with your CNM or Senior Midwife.

## **Section 1 - Pharmacology**

*(Handbook Sections 12 and 13)*

1. Name the 2 drug groups most commonly used in epidural analgesia.
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  
2. List **3** side effects of each of the above two groups, noting the most serious side effect first.

a) _____	b) _____
_____	_____
_____	_____
  
3. Although rare, local anaesthetics can cause toxicity in patients. This is most likely to occur through the inadvertent intravenous administration of the local anaesthetic. What signs/symptoms might you notice?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  

a) *What actions would you take should your patient report/exhibit any of the above symptoms?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. List **2 contraindications** for the use of local anaesthetic in the epidural solution.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  
5. Why is an opioid combined with a local anaesthetic in the epidural solution?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2 - Anatomy

6. Name the contents of the epidural space

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7. What purposes does the fat serve? (Name 2)

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8. What ligament is situated closest to the epidural space? \_\_\_\_\_

9. What are the three connective tissue layers protecting the spinal cord?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

10. What is the depth of the epidural space? \_\_\_\_\_

11. At what level does the spinal cord terminate in children? \_\_\_\_\_

12. At what level does the spinal cord terminate in adults? \_\_\_\_\_

13. What is a dermatome?

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### Section 3 - Complications

14. List **five** possible complications of the epidural technique.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

15. Why is hypotension often a complication in patients with epidural analgesia?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If your patient's systolic blood pressure drops below the parameter established as acceptable by the anaesthetist, what do you do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Why is it imperative that venous access is maintained for a patient with an epidural?

\_\_\_\_\_  
\_\_\_\_\_

18. If your patient reports pain in the region of the epidural and the site is inflamed, what would you do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Catheter migration is usually out of the epidural space resulting in poor pain control and leakage, but the catheter **can** migrate inwards, through the dura and into the subarachnoid space.

a) *What signs and symptoms might the patient report or exhibit?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) *What actions do you take?*

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## **Section 4 - Responsibilities**

20. What is the purpose of performing sensory checks?

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21. Why check for motor blockade?

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22. List the baseline monitoring for the patient with an epidural.

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23. According to TDH Epidural Procedures Guidelines, who can check medication for epidural administration?

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24. What is the policy regarding prophylactic anti-thrombolysis in relation to removal of an epidural catheter?

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25. What checks would you carry out to ascertain if an epidural catheter is migrating out of the epidural space?

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**Nursing Section Questions - for both adult and paediatric nurses**

26. Your patient has an epidural running following an operation. Back six hours from surgery, the patient has been comfortable but is now distressed with increased pain.

*What actions do you take?*

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27. The next morning you are again looking after the patient and the night staff hand over that they gave a bolus and increased in the infusion rate at 0500hrs because the patient again had increased pain. They report that the patient is now much more comfortable. You go to check the patient's vital signs and find that the blood pressure has dropped and is sitting below the prescribed parameters.

*What is the likely cause for the drop in the B/P, and what would you do about it?*

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28. If a patient with an epidural has a sustained low blood pressure, what is the patient at risk of?

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29. You can't see the epidural insertion site because the dressing obscures it. What do you do?

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30. The patient is now three days postop and you are asked to remove the epidural catheter. Name the things you need to ensure prior to its removal.

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## **Midwifery Section Questions**

31. Which of the opioid drugs is considered safest to use in women in labour with epidurals and why?

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32. In order to minimize the cardio-vascular effects of epidurals in women in labour, what **3** pre-conditions must be met?

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33. What actions would you take if your client with an epidural developed supine hypotension?

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34. If you are taking over the care of a woman in labour who has an epidural infusion running, what **3** things do you need to check with the midwife handing care over to you.

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**When completed, send test to be marked -**

**Nurses to:** Education Co-ordinator C/- Nursing Quality Services, Ward 10

**Midwives to:** The Midwifery Educator

## EPIDURAL ANALGESIA - CLINICAL ASSESSMENT

### LEARNING OUTCOME 1

**Nurse/Midwife Name:** \_\_\_\_\_

The nurse/midwife is able to explain their responsibilities for managing the patient with an epidural catheter.

<b>SKILL</b>		<u><b>MET</b></u> (Initial)	<u><b>NOT MET</b></u> (Initial)
1.a	States who can check and/or administer medication for epidurals according to the Medicine Management Policy		
1.b	Explains why it is important to have two registered health professionals present for checking at the bedside of the patient with an epidural		
2.	Describes the baseline monitoring required		
3.	Specifies monitoring required after a bolus dose		
4.	Explains the rationale for sensory checks		
5.	Explains how to verify catheter placement		
6.	States: <b>2 causes</b> , and <b>4 CNS effects</b> , of LA toxicity		
7.	Explains the procedure for a suspected catheter entry site infection		
8.	Describes the procedure for removal of epidural catheter (including where relevant policy for anticoagulants)		

**Assessor Name and Designation:** \_\_\_\_\_

**Assessor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## LEARNING OUTCOME 2

**Nurse/Midwife Name:** \_\_\_\_\_

The nurse/midwife is able to set up and programme the pump for use in the administration of epidural analgesia.

SKILL		<u>MET</u> (Initial)	<u>NOT MET</u> Initial)
1.	Identifies and locates the correct equipment, and explains the differences between an epidural and intravenous administration set		
2.	Describes/demonstrates the correct preparation of equipment (eg. priming the line, use of yellow <i>Epidural Line CAUTION</i> stickers)		
3.	Identifies/demonstrates correct connection of epidural infusion set to epidural filter, and can explain consequences of inadvertent intravenous administration of epidural drugs		
4.	Demonstrates correct installation of tubing in pump and explains purpose of administration set clamp and how it works		
5.	Demonstrates correct procedure for programming [a] primary infusion, and [b] a bolus dose		
6.	Can alter primary infusion rate		
7.	Successfully commences infusion		

**Assessor Name and Designation:** \_\_\_\_\_

**Assessor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_