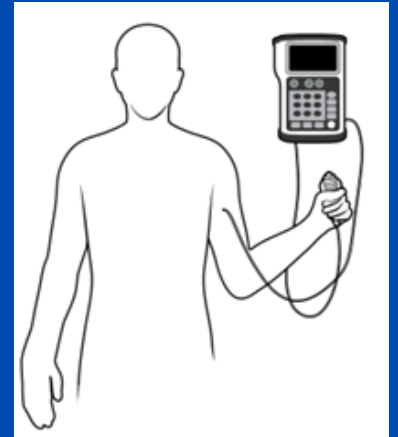


Continuous Ambulatory Delivery Device: CADD Pump Info Sheet

When to consider using a pump

- Uncontrolled pain
- Currently taking regularly scheduled PO opioids, but no longer able to swallow medications
- GI absorption concerns
- Increasing frequency of administration, including PRN doses
- Family administration constraints
- Individual's preference (if appropriate)
- Short term use to control pain crisis



Nursing Care when using a pump

Identify / Screen

Screen for common symptoms and/or side effects of opioids using validated tools

(i.e. ESAS)

- Pain
- Fatigue
- Drowsiness
- Nausea
- Appetite
- Dyspnea
- Depression
- Anxiety
- Wellbeing

Plus other symptoms as appropriate

- Sleep
- Constipation

Assess

- Vital signs
- OPQRSTUV assessment
- Self-report of pain
 - Numeric Rating Scale (0-10)
 - Verbal Descriptor Scale (none, mild, moderate, severe)
- Observational Pain Tools for non-verbal / cognitive impairment
 - PAINAD, Abbey Tool, PACSLAC
- Tools to assess for sedation
 - RASS-PAL, POSS
- Assess for efficacy
- Assess for side effects

Opioid Side Effects

Common: constipation, dry mouth, nausea/vomiting, sedation

Less common: confusion, restlessness, delirium, hallucinations, myoclonus, seizures, itch, hives, urinary retention, dizziness, syncope

Rare: respiratory depression (RR<8 breaths/min)

Opioid-Induced Neurotoxicity

S&S: sedation, drowsiness, lethargy, confusion, hallucinations, agitation, myoclonus, seizures, hyperalgesia, allodynia, decreased resp. rate

Potential Causes: conversion errors, dose changed too frequently, decreased pain, sepsis

Increased risk factors: renal impairment, long-term opioid therapy at high doses, increased age, dehydration, concurrent treatment with medications such as TCAs/benzodiazepines, delirium

Reminder: Use of CADD pumps is medication administration and requires same nursing principles

CADD Pump Flow Chart



Inform MD of any changes in condition and/or pump settings.

Follow your org's policy

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