Assessment Criteria

ASSESSMENT CRITERIA FOR THE ADMINISTRATION OF A SINGLE DOSE INTRAVENOUS MORPHINE BOLUS IN PAEDIATRICS

Performance Criteria:

By the end of the assessment the Assistant Practitioner should demonstrate knowledge and understanding and be able to apply the following:

Single dose intravenous morphine bolus	Assessment Criteria
1.1 Has attended the BRHC Paediatric Intravenous therapy training day and completed the competency book, or provided evidence of competent practice from other Trusts	• Nursing staff must be deemed IV competent before undertaking the Morphine bolus competency
1.2 Has read the guideline on the administration of IV bolus morphine and demonstrates knowledge of hospital standard regarding the prescribing and administration of IV bolus morphine	• Page 82-84 (appendix 1) Paediatric Pain Service Acute Pain Management Clinical guidelines • 1-12 months titrate up to max 100mcg/kg • Over 12 months titrate up to max 200mcg/kg • Naloxone 10mcg/kg must be prescribed
1.3 Understands and observes patient confidentiality	• NMC core standard
1.4 Can state what emergency and monitoring equipment should be in place for the administration of IV morphine bolus	<u>Emergency equipment:</u> • O2 with appropriate sized non-rebreathe mask, Resus trolley, naloxone (ensure prescribed before morphine administered) <u>Monitoring:</u> • Baseline observations should be recorded prior to morphine administration and sedation level should be 1 or less

Single dose intravenous morphine bolus	Assessment Criteria
	• Monitoring must be carried out during the bolus and every 5 minutes for the first 15mins, then 15 min intervals for 1 hour, then hourly up to 4 hours following the last bolus dose • Heart rate, respiratory rate, oxygen saturations, pain score, sedation level
1.5 Understands the need to seek advice for any concern over the safe administration of IV bolus morphine	• Contact pain service for further advice • If increased sedation level or respiratory depression stop the bolus, follow ABC approach and call for help • Follow guidance in the Acute Pain guidelines
1.6 Has an awareness of the implications surrounding restraint and consent of children.	• Policy for Restraint / clinical holding ('Restrictive Interventions')
1.7 Demonstrates knowledge of indications / contraindication for use	<u>Indications for use:</u> • Management of severe pain related to medical / surgical conditions • Management of anticipated procedures • If the child is likely to have on going pain contact pain service for establishment of NCA/PCA <u>Contraindications:</u> • Under 1 month of age • If the child is receiving other medications that may cause sedation (May still be given but may require reduced dose) • Children at risk of sedation – induced respiratory depression (examples include sleep apnoea and renal failure)
1.8 Demonstrates knowledge of a morphine antagonist and indication for use	• Naloxone is an opiate antagonist. • 10mcg/kg will reverse the effects of opiates; it may need to be repeated several times to maintain the reversal. • Indication is for sedation and/or respiratory depression

Single dose intravenous morphine bolus	Assessment Criteria
1.9 Demonstrates knowledge of and completes observations of patients according to hospital guideline for the administration of IV bolus morphine	Monitoring: • Baseline observations should be recorded prior to morphine administration and sedation level should be 1 or less • Monitoring must be carried out during the bolus and every 5 minutes for the first 15mins, then 15 min intervals for 1 hour, then hourly up to 4 hours following the last bolus dose • Heart rate, respiratory rate, oxygen saturations, pain score, sedation level
1.10 Demonstrates knowledge of the procedural management of sedation induced respiratory depression	• STOP administering the morphine bolus • Attempt to rouse the patient • STOP any other infusion that could be contributing to the sedation • Administer 100% oxygen • Call for medical help or the medical emergency team via switchboard on 2222 • Check circulation, if pulseless start cardiopulmonary resuscitation • Prepare naloxone and administer as prescribed and repeat at 2 minute intervals until rousable • Inform the pain team of any complication in the administration and monitoring of patients receiving IV bolus morphine
1.11 Demonstrates knowledge of procedure, if pain is likely to be on going	• Contact pain service for possible commencement of NCA/PCA
2.1 Demonstrates correct identification of child in accordance with BRHC medicine administration policy	• 5 R's • Medicines management policy
2.2 Prepares syringe in accordance with the NMC code of practice and BRHC medicines administration policy	• Has attended the IV study day and has been signed off as competent • Follows ANTT approach
2.3 Maintains BLS training in line with BCH policy	• PILs up to date
2.4 Document the procedure in the appropriate notes	• Observations to be recorded on PEWs chart

Single dose intravenous morphine bolus	Assessment Criteria
	• Document procedure/administration in nursing notes • Ensure prescription signed

Direct Observation of Practice Record

Core Competency/ skill observed: ……

Date	Practitioner name	Mentor name
Standards description.		
Comments – in depth knowledge and understanding displayed and ability to perform role.		
Further learning objectives identified.		

Level	Description
1	**Knows nothing about the skill.**
2	**Doubts knowledge and ability to perform the skill safely, without supervision.**
3	**Could perform the skill safely with supervision.**
4	**Confident of knowledge and ability to perform the skill safely.**
5	**Could teach knowledge and skills to others and can demonstrate initiative and adaptability to special problem situations.**

Rating (please circle as appropriate)

1 2 3 4 5

Signatures:

Practitioner		Mentor	
Please print		Please print	

(Photocopy as required.)