PCA units allow the client to self-manage severe pain. The units may be portable or mounted on intravenous poles.

**Overall medication because of the even blood level of medication maintained, the feeling of control maintained by the client, and the absence of anxiety. Several drugs are available for this route. The disadvantages are the nursing care needed for any intravenous line, the potential for infection, and the cost of disposable supplies. The PCA method of administration requires careful client teaching.**

**SUBCUTANEOUS.** The subcutaneous (SC) route is accepted, but it is less commonly used than other methods. Its advantages and disadvantages are similar to those of the intravenous route.

**INTRASPINAL.** The intraspinal route is invasive and requires more extensive nursing care. Can be found below. Nursing implications for clients receiving intraspinal analgesia.

**NERVE BLOCKS.** In a nerve block, anesthetics, sometimes in combination with steroidal anti-inflammatory drugs, are injected by a physician or nurse anesthetist into or near a nerve,

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**NURSING CARE**

**THE CLIENT RECEIVING INTRASPINAL ANALGESIA**

Intraspinal analgesia is used to manage chronic and intractable cancer and severe postoperative pain. The intraspinal route may be either intrathecal (into the subarachnoid space) or epidural (into the epidural space). With the infusion of a narcotic into these spaces, there is a direct effect on the opiate receptors in the dorsal horn of the spinal cord; the narcotics are also absorbed systemically and affect the brain. This method provides complete pain relief but has some potentially dangerous side effects.

**PROCEDURE**

The physician places a catheter into the epidural space. Tubing is attached to an infusion pump, and the prescribed medication is administered. A portable or implantable pump may be used for narcotic administration that lasts more than a few days.

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**NURSING CARE**

- Monitor vital signs every 15 minutes for the first 2–3 hours and every hour for the first 24 hours; the client is at risk for respiratory depression, which may not manifest itself for several hours.
- Ensure that naloxone, a narcotic antagonist, is immediately available to reverse respiratory depression.
- Monitor the effectiveness of the pain management.
- Monitor intake and output. Intraspinal narcotics may block the micturition reflex, causing urinary retention and necessitating the insertion of a Foley catheter.
- Use sterile technique to care for the catheter.

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**Placement of the catheter in the epidural space.**