

某安寧療護單位皮下自控式止痛系統之使用

The Use of Subcutaneous Patient-Controlled Analgesia (PCA) in a Palliative Care Unit

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摘要

台灣每年有超過二萬癌症末期病患，其中最重要的問題不外乎疼痛控制，病患自控式止痛系統能穩定維持血液中藥物濃度，既安全又有效，是疼痛控制的利器。

本研究以某醫學中心安寧病房使用皮下嗎啡自控式止痛系統之老年病患為對象，採回溯病歷查閱法收集資料，資料經過整理、核對，最後得研究樣本數 115 人，以探討皮下自控式止痛之嗎啡滴定劑量、止痛效果與副作用。重要研究發現：(1) 使用 PCA 系統的主要理由為進行疼痛滴定，滴定目的主要為改善原有止痛方式(73.6%)，給藥型式為連續輸注加病人自控，使用期間以二週內居多(70%)。(2) PCA 系統二週內起始嗎啡輸注劑量每小時平均 1.58mg 至 2.69mg，每天平均嗎啡使用總劑量 38.2mg 至 94.5mg。(3) PCA 系統停止使用理由主要為死亡佔 61.7%，準備居家照顧佔 20%，疼痛控制穩定佔 10.4%，停止使用前二十四小時平均嗎啡使用量分別為 61.2mg，61.2mg，31.4mg。(4) PCA 系統使用前一天之平均疼痛程度為 7.2 分；第一天平均疼痛程度 5.2 分；第二天平均疼痛程度 4.1 分；第三天平均疼痛程度 3.4 分，達統計上顯著差異($P < 0.001$)。(5) PCA 系統給藥期間主要副作用依序為便秘(28.7%)，嗜睡(20.0%)，尿瀦留(5.2%)，噁心嘔吐(4.3%)。本研究結果發現 PCA 系統能夠有效緩解疼痛，且未造成嚴重的副作用，可作為 PCA 系統給藥劑量標準化之參考，以增進老人癌末疼痛病患的照護品質。

Abstract

There are over twenty thousand cancer terminal patients in Taiwan every year. Pain is their most distress problem. Patient-Controlled Analgesia (PCA), maintaining the drug concentration in blood, is a safe and effective way to manage cancer pain. This research was a retrospective design. The data were collected from 1990 February to 1997 February from chart review, totally 115 elderly terminal patients in the palliative care unit of medical center. The purpose of research was to evaluate the titration method and to document the effectiveness and side effect. The results of this study revealed was: (1) PCA is used for dose titration and pain relief. (2) The mean of daily initial morphine doses were from 1.58mg to 2.69mg per hour of the first 14 days, and mean daily total doses of morphine were from 38.2mg to 94.5mg. (3) The reason to terminate PCA included death in 71 out of 115(61.7%), preparation for home care in

23(20%), pain control satisfied and changed to oral morphine in 12(10.4%). The mean morphine doses were 61.2mg, 61.2mg and 31.4mg on the last 24 hours for termination of PCA. (4) Pain scores were 7.2(on a 0 to 10 scale) the day before use PCA, 5.2 after the first day, 4.1 after the second day,3.4 after the third day, significant difference existed($p<0.001$). The top four accompanying side effects were constipation (n=33, 28.7%), drowsiness (n=23, 20%), urine retention (n=6, 5.2%), and nausea/vomiting (n=5, 4.3%). The study indicates that PCA is a safe and effective in pain relief of elderly terminal cancer patients, without severe side effects. This research provides important guidelines and implications to manage cancer pain of hospice/palliative care patients.