

PRESCRIPTION CHART

Entonox Analgesia

WARD

Pain Control Service
Great Ormond Street Hospital for Children
NHS Trust, Great Ormond Street, London, WC1N 3JH

SURNAME	FIRST NAME	HOSPITAL NUMBER	D.O.B.	AGE	WEIGHT
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ALLERGIES?

SPECIAL INSTRUCTIONS
Must be administered by staff who have had training in the use of Entonox

For PROCEDURAL PAIN only

APPROVED DRUG NAME			DATE															
ENTONOX			HR															
50:50 NITROUS OXIDE & OXYGEN			MIN															
ROUTE: INHALATION			SIGN															
Self administration only																		
START DATE	SIGNATURE	BLEEP																
PHARMACY USE																		

Contraindications

- head injuries with impaired consciousness
- large / artificial / traumatic / spontaneous pneumothorax
- intestinal obstruction
- severe bullous emphysema
- vitamin B₁₂ deficiency
- maxillofacial injuries involving trapped air
- following air encephalography
- middle ear occlusion / pathology
- decompression sickness
- following recent underwater dives

Special precautions

1. Repeated or prolonged exposure to nitrous oxide depletes the body's stores of vitamin B₁₂ and very rarely this can precipitate neurological complications. **Patients at higher risk include:**
 - who use Entonox frequently
 - with a poor intake or on a diet low in animal products eg. vegans
 - with malabsorption syndromes, particularly those with ileal resections
 - on synthetic diets (eg. phenylketonuria, maple syrup urine disease)
 - on a diet for which special vitamin and mineral supplements are prescribed (more than standard vitamins such as abidec)
2. Ensure the area is well ventilated during and after administration
3. Staff in the first trimester of pregnancy may wish to avoid the area while Entonox is in use

For more details see clinical practice guidelines

	Date of Entonox Administration		
Pre Entonox Assessment	Done Y / N	If NOT done – variance codes & comments	sign
Check ID band against prescription			
Check for any contraindications (bottom of prescription sheet)			
Check for any patient allergies?			
Oxygen and suction available at bedside?			
Well-ventilated room?			
Patient has been NBM (at least one hour)			
Pulse oximeter required? (if cardiac / respiratory condition)			
Analgesic administered prior to procedure?			
Anyone in the room in 1 st trimester of pregnancy?			

Post Entonox Assessment	Done	If NOT done – variance codes & comments	sign
Any side effects?			
Good analgesia?			
Safe environment maintained. (e.g. airway)			
Blood test required? (repeated Entonox administration, see CPG)			
Handover to patient's named nurse			
Documentation (prescription and audit book)			
Clean handset & tubing			

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VARIANCE CODE
Patient / family
P1 Did not attend P2 Patient not available P3 Family not available P4 Patient condition P5 Patient declined P6 Family declined P7 Patient uncooperative P8 Procedure failed P9 Procedure not required P10 Activity not applicable P11 Communication
Multidisciplinary team
T1 Communication T2 Staff shortage T3 Workload T4 Medical decision T5 Nursing decision T6 PAM decision T7 Medical error T8 Nursing error T9 PAM error T10a Clinical emergency T10b Clinical emerg. (another pt)
Organisation
H1 Resource shortage H2 No bed available H3 Portering issue H4 Pharmacy issue H5 Transport H6 Administration H7 Laboratory H8 Missing health record H9 Infection control H10 Theatre time H11 Equipment failure
Pathway Specific