

“Fentanyl PCA”

Fentanyl PCA is an alternative to remifentanyl; it provides effective pain relief and low risk of side effects, although data are limited to a few small studies. Fentanyl has rapid onset, relatively short duration of action (though longer than remifentanyl), and lacks active metabolites. Typical regimens for fentanyl PCA include a 50 to 100 mcg initial loading dose, demand doses of 10 to 25 mcg, and lockout intervals of 5 to 10 minutes, without a background infusion [58-60]. The author initiates fentanyl PCA with a demand dose of 20 mcg, a lockout interval of 5 minutes, and no background infusion. If necessary, we increase the demand dose in 10 mcg increments to optimize pain control. Small studies have found fentanyl PCA to provide either more effective analgesia or fewer side effects than PCA morphine, meperidine, or alfentanil [61-63].

We monitor patients who receive fentanyl PCA as we would for patients who receive bolus dose systemic opioids; labor nurses monitor the level of sedations and respiratory status.

There is insufficient evidence to compare efficacy and side-effects of fentanyl PCA to remifentanyl PCA.