

Baclofen Call Flow Sheet

This tool is to help walk through baclofen pump calls.
For help call Medtronic 1-800-707-0933

Patient name: _____ DOB: _____

Phone number: _____ If ER – Physician contact: _____

1. Issue: _____

2. Current Symptoms: (circle) W – is usually withdrawal O – is usually overdose

Time of onset: _____

Itching(w)

Somnolence(o)

Spastic or Rigid Muscles(w)

Dizziness(o)

Anxiety (w)

Respiratory Depression(o)

Seizure(w or o)

Hypotonia(o)

High Fever (w)

Lightheadedness(o)

Blood Pressure Changes (w or o)

Diaphoresis (w)

Other: _____

3. These are a list of possible causes of increased spasticity which may look like withdrawal. (Ask the patient if any are current issues)

Infection

Pain

Skin ulcers/decubiti

Constipation

Menses

DVT

Fatigue

Overall stress

New medical conditions

Changes in medication

Psychological issues

Disease progression (as MS)

Fever

Full bladder

Fracture

Altered environment (change in temperature)

Fall/Accident

Noxious stimuli (ingrown nails or overly-restrictive clothing)

4. Is there a CSF leak questions: Do they have a HA worse when upright – resolves with lying down? Nausea/vomiting? Sensitivity to light? Bulge at incision site?

5. Have you taken oral Baclofen (Lioresal), Valium (Diazepam) or Periactin

(Cyproheptadine)? _____ Time: _____

6. Do you have oral Baclofen, Valium or Periactin? _____

Pharmacy name: _____ number: _____

7. Do you hear an alarm? ___ Is it one or Two? ___

- One tone (single beep occurring 15 seconds apart) low volume or low battery Withdrawal?
- Two tone (two beeps next to each other) pump failure – withdrawal symptoms in 4-8 hours – send to Spectrum Health ER (or closest ER and transfer to Spectrum)

8. Did you have a refill, dose change or pump surgery recently? _____ Date: _____

Surgeon that placed the pump: _____

9. Are you due for a refill soon? _____ Planned refill Date: _____

10. Does the patient have a recent printout from their last clinic visit? _____

11. Common Physician orders:

- Withdrawal
 - Oral medication
 - Baclofen 10mg q 2-4 (max of 80mg daily)
 - Valium 2-5mg 4 x day
 - Periactin – Cyproheptadine 4-8 mg q 6 hr.
 - Monitored bed with Versed drip
 - Dose increase (next clinic day or now)
 - Refill (next clinic day or now)
 - Thoraco-lumbar spine x-ray
 - fluoroscopy
 - Pump studies
 - Catheter Study – using side port
 - CT Scan
- Overdose - Dose decrease
- If CSF leak – asked to lay flat, increase caffeine intake, and PO fluids

12. After reading the order back:

- Call Patient/Family with physician instructions and what they need to do next

13. Documentation:

- Detailed narrative of events for chart
- E-mail events Progress notes.