



Name: _____
 (Last Name) (First Name) (Middle Initial)

DOB: _____ MR#: _____

Acct#: _____

PHYSICIAN'S ORDER SHEET

PATIENT CONTROLLED ANALGESIA (PCA) FOR ADULTS - WEIGHT BASED & NON-WEIGHT BASED

Orders preceded by a will be initiated only if ed. All others will be initiated unless deleted by a single line.

Allergies: _____ NKDA

This order set is not intended for use with end-of-life patients. For these patients please refer to Comfort Care order set (NS-1742).

WEIGHT-BASED ADULT PATIENT CONTROLLED ANALGESIA

Medication: Hydromorphone (Dilaudid) 0.2 mg/mL Morphine Sulfate 1 mg/mL

If indicated by pt's age, medical condition or history of opioid usage, consider using alternate dosing or Non-weight based PCA.

Weight based PCA with 10 min. interval _____ min. interval
 Patient's age _____ Patient's weight _____ kg lb

KG. WEIGHT	LB. WEIGHT	PCA DOSE		MAXIMUM 1 HR DOSE LIMIT (LOCKOUT)	
For patients who weigh less than 40 kg or 88 lbs, individualize dose.					
40 - 49 kg	88 - 109 lbs	<input type="checkbox"/> 0.8 mL	<input type="checkbox"/> _____ mL	<input type="checkbox"/> 4.8 mL	<input type="checkbox"/> _____ mL
50 - 59 kg	110 - 131 lbs	<input type="checkbox"/> 1 mL	<input type="checkbox"/> _____ mL	<input type="checkbox"/> 6 mL	<input type="checkbox"/> _____ mL
60 - 69 kg	132 - 153 lbs	<input type="checkbox"/> 1.2 mL	<input type="checkbox"/> _____ mL	<input type="checkbox"/> 7.2 mL	<input type="checkbox"/> _____ mL
70 - 79 kg	154 - 175 lbs	<input type="checkbox"/> 1.4 mL	<input type="checkbox"/> _____ mL	<input type="checkbox"/> 8.4 mL	<input type="checkbox"/> _____ mL
80 - 89 kg	176 - 197 lbs	<input type="checkbox"/> 1.6 mL	<input type="checkbox"/> _____ mL	<input type="checkbox"/> 9.6 mL	<input type="checkbox"/> _____ mL
90 - 99 kg	198 - 219 lbs	<input type="checkbox"/> 1.8 mL	<input type="checkbox"/> _____ mL	<input type="checkbox"/> 10.8 mL	<input type="checkbox"/> _____ mL
100 kg and above	220 lbs and above	<input type="checkbox"/> 2 mL	<input type="checkbox"/> _____ mL	<input type="checkbox"/> 12 mL	<input type="checkbox"/> _____ mL

Basal rate (continuous) _____ mL per hr plus PCA dose _____ mL every _____ min. and _____ mL 1 hr dose limit (lockout)

No basal rate

Optional loading dose = 2 x PCA dose. **One time dose at initiation of PCA. Not included in hourly dose.**

• If patient has received maximum prescribed dosage and pain is still not controlled after 1 hour, contact physician.

NON WEIGHT-BASED ADULT PATIENT CONTROLLED ANALGESIA

Morphine (Standard Concentration is 1 mg / mL)

PCA Dose (Demand) (usual dose is 0.5-2 mg) _____ mg

Set Delay minutes (Lockout) (usual lockout is 5 -10 minutes) _____ minutes

Basal rate (Continuous infusion) (usual rate is 0.1-2 mg / hr) _____ mg / hour

Maximum PCA doses/hr (Set Hr Limit) (usual hour limit is 7.5 - 12 mg / hr) _____ doses/hr = _____ mg/hr

Optional loading dose (not included in hourly rate):

2 mg (for pt weight below 50 Kg) 5 mg (for pt weight 50 Kg & above) OR _____ mg

If patient has received maximum prescribed dosage and pain is still not controlled after 1 hour, increase PCA dose to _____ mg every _____ minutes. Maintain basal at _____ mg/hr. (Increase 1 hour limit to: _____ mg/ hr).

If patient has received maximum prescribed dosage and pain is still not controlled 1 hour after dosage increase, contact physician.

Hydromorphone (Dilaudid) (Standard Concentration is 0.2 mg / ml)

PCA Dose (Demand) (usual dose is 0.1 - 0.3 mg) _____ mg

Set Delay minutes (Lockout) (usual lockout is 5-10) _____ minutes

Basal rate (Continuous infusion) (usual rate is 0 - 0.2 mg / hr) _____ mg/hour

Maximum PCA doses/hr (Set Hr Limit) (usual hour limit is 1.2 - 2 mg / hr) _____ doses/hr = _____ mg/hour

Optional loading dose (not included in hourly rate):

0.2 mg (for pt weight below 50 Kg) 0.5 mg (for pt weight 50 Kg & above) OR _____ mg

If patient has received maximum prescribed dosage and pain is still not controlled after 1 hour, increase PCA dose to _____ mg every _____ minutes. Maintain basal at _____ mg/hr. (Increase 1 hour limit to: _____ mg/ hr).

If patient has received maximum prescribed dosage and pain is still not controlled 1 hour after dosage increase, contact physician.

Signature/Credentials: _____ Date: _____ Time: _____

THIS FORM IS PART OF THE PERMANENT MEDICAL RECORD



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Name: _____
(Last Name) (First Name) (Middle Initial)

DOB: _____ MR#: _____

Acct#: _____

PHYSICIAN'S ORDER SHEET

PATIENT CONTROLLED ANALGESIA (PCA) FOR ADULTS - WEIGHT BASED & NON-WEIGHT BASED

Orders preceded by a will be initiated only if ed. All others will be initiated unless deleted by a single line.

NON WEIGHT-BASED ADULT PATIENT CONTROLLED ANALGESIA (continued)

Fentanyl (Standard Concentration is 10 mcg / mL)

PCA Dose (Demand) (usual dose is 5-20 mcg) _____ mcg

Set Delay minutes (Lockout) (usual lockout is 4 - 8) _____ minutes

Basal rate (Continuous infusion) (usual rate is 0 - 10 mcg / hr) _____ mcg/hour

Maximum PCA doses/hr (Set Hr Limit) (usual hour limit 75 - 125 mcg / hr) _____ doses/hr = _____ mcg / hour

Optional loading dose (not included in hourly rate)

25 mcg (for pt weight below 50 Kg) 50 mcg (for pt weight 50 Kg & above) _____ mcg

If patient has received maximum prescribed dosage and pain is still not controlled after 1 hour, increase PCA dose to _____ mcg every _____ minutes. Maintain basal at _____ mcg/hr. (Increase 1 hour limit to: _____ mcg/ hr).

If patient has received maximum prescribed dosage and pain is still not controlled 1 hour after dosage increase, contact physician.

**REMAINDER OF ORDER SET IS FOR
EITHER WEIGHT-BASED OR NON WEIGHT-BASED PCA**

- Diphenhydramine (Benadryl) 12.5 mg IV every 6 hours PRN for mild pruritis. Maximum of 8 doses.
- Diphenhydramine (Benadryl) 25 mg IV every 6 hours PRN for severe pruritis. Maximum of 8 doses.
- Ondansetron (Zofran) 4 mg IV every 12 hours PRN nausea.

Other _____

- At initiation of PCA and after dosage changes, assess & record pain level, sedation level and O₂ saturation every 30 min x 2 hours, then every 4 hours while on PCA. Record attempted injections, & doses administered every 4 hrs and at every change of care provider. **Conduct double checks as required by Nursing policy on High Alert Drug Management (# 11.004).**

Level of Consciousness (LOC) Monitoring Guide: (assess respiratory rate before assessing LOC)

Sleeping = easy to arouse; **acceptable**: no action needed, may give supplemental opioid as needed.

Alert = awake; **acceptable**: no action needed, may give supplemental opioid as needed

Mild drowsy = drowsy, but easily aroused; **acceptable**: no action needed, may give supplemental opioid if needed

Frequently drowsy = arousable, but drifts off to sleep during conversation. **To determine if acceptable or unacceptable**, increase frequency of monitoring to ensure stable vital signs and acceptable O₂ saturation before giving additional opioid doses.

Difficult to arouse = somnolent, minimal or no response to physical stimulation; **unacceptable**

If unacceptable:

1. Stop PCA, do not give additional opioid doses, assess current vital signs and O₂ saturation.
2. Notify the Rapid Response Team at extension 7999 at the NH campus and 8300 at the Cape Fear campus.
3. Give IV naloxone (Narcan) 0.4 mg in 10 mL normal saline over 2-minute period.

Enter Order into Care Manager: SETNH: PCA wt-based & non-wt based
SETCF: PCA wt-based & non-wt based

Signature/Credentials: _____ Date: _____ Time: _____

THIS FORM IS PART OF THE PERMANENT MEDICAL RECORD



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