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

For patients who weigh less than 40 kg or 88 lbs, individualize dose.

<table>
<thead>
<tr>
<th>KG. WEIGHT</th>
<th>LB. WEIGHT</th>
<th>PCA DOSE</th>
<th>MAXIMUM 1 HR DOSE LIMIT (LOCKOUT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 - 49 kg</td>
<td>88 - 109 lbs</td>
<td>□ 0.8 mL</td>
<td>□ 4.8 mL □ ______ mL</td>
</tr>
<tr>
<td>50 - 59 kg</td>
<td>110 - 131 lbs</td>
<td>□ 1 mL</td>
<td>□ 6 mL □ ______ mL</td>
</tr>
<tr>
<td>60 - 69 kg</td>
<td>132 - 153 lbs</td>
<td>□ 1.2 mL</td>
<td>□ 7.2 mL □ ______ mL</td>
</tr>
<tr>
<td>70 - 79 kg</td>
<td>154 - 175 lbs</td>
<td>□ 1.4 mL</td>
<td>□ 8.4 mL □ ______ mL</td>
</tr>
<tr>
<td>80 - 89 kg</td>
<td>176 - 197 lbs</td>
<td>□ 1.6 mL</td>
<td>□ 9.6 mL □ ______ mL</td>
</tr>
<tr>
<td>90 - 99 kg</td>
<td>198 - 219 lbs</td>
<td>□ 1.8 mL</td>
<td>□ 10.8 mL □ ______ mL</td>
</tr>
<tr>
<td>100 kg and above</td>
<td>220 lbs and above</td>
<td>□ 2 mL</td>
<td>□ 12 mL □ ______ mL</td>
</tr>
</tbody>
</table>

□ 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
PHYSICIAN’S ORDER SHEET

Name: _____________________ _____________________ ____________________
(Last Name) (First Name) (Middle Initial)
DOB: ____________________________ MR#: _____________________________
Acct#: ____________________________

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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, no 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: ____________________

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