

Allergies: _____

- PCA: HYDROmorphine (DILAUDID) 0.2 mg/ mL IV per PCA pump
 morphine 1 mg/ mL IV per PCA pump
 FENTanyl 10 mcg/ mL IV per PCA pump

- If no agent specified, only HYDROmorphine may be used. Contact physician for inadequate pain relief, allergies, or side effects
- If multiple agents ordered:
 - ♦ Begin with HYDROmorphine
 - ♦ If inadequate pain relief, move to next ordered agent (if ordered by physician)
 - ♦ If experiencing side effects from HYDROmorphine or morphine, change to FENTanyl (if ordered by physician)
- If no IV fluids are ordered, infuse 0.9% NS at 42 mL/ hour
- Until PCA pump available, may bolus with ordered drug according to the following:
 HYDROmorphine 0.2 - 0.5 mg IV every 5 minutes PRN pain, or morphine 1 - 2.5 mg IV every 5 minutes PRN pain, or
 FENTanyl 10 - 25 mcg IV every 5 minutes PRN pain

PUMP LIMITS:

	Initial Dose	If initial dose not specified, start with below parameters:	Range
Incremental Dose	_____mL	0.5 - 1 mL	0.5 - 3 mL
Lockout Interval	_____minutes	10 minutes	5 - 12 minutes
One-Hour Limit	_____mL	3 - 6 mL	3 - 15 mL
Bolus Dose Range	1 - 3 mL every 5 minutes PRN until pain within patient's tolerable level (maximum 15 mL/ hour)		

Basal Infusion (No basal unless ordered by physician) Range: _____ mL (0 - 2 mL/ hour recommended)

MONITORING & MANAGING COMPLICATIONS:

- Monitor respiratory rate, assess pain and sedation upon:
 - ♦ Initiation of PCA, giving a bolus dose, or following an increase in dose level
- Recheck patient in 15 minutes, then every 2 hours X 8 hours then every 4 hours
- Continuous pulse oximetry with audible alarms activated X 24 hours when PCA initiated for all postop patients.
- Continuous pulse oximetry, audible alarms activated X 48 hours No pulse oximetry

If respiratory rate less than 10 per minute or sedated, but able to respond to loud voice	<ul style="list-style-type: none"> ▪ Stop PCA, stimulate patient, support respirations PRN (encourage deep breathing) ▪ Notify physician ▪ Continuous pulse oximetry with audible alarms for an additional 24 hours ▪ Monitor every 15 minutes until respiratory rate greater than 10 or arousable
If respiratory rate is less than or equal to 8 per minute	<ul style="list-style-type: none"> ▪ Stop PCA, activate Rapid Response Team ▪ Notify physician ▪ naloxone (NARCAN) 0.1 mg IV every 2 minutes until respiratory rate greater than 10 ▪ O₂ 1 - 4 liters per nasal cannula to keep O₂ sats greater than 92% ▪ Continuous pulse oximetry with audible alarms for an additional 24 hours
Unarousable	<ul style="list-style-type: none"> ▪ Stop PCA, activate Rapid Response Team ▪ Notify physician ▪ naloxone (NARCAN) 0.4 mg IV X 1 then 0.2 mg IV every 3 minutes until respiratory rate greater than 10 and arousable to voice and touch ▪ O₂ 1 - 4 liters per nasal cannula to keep O₂ sats greater than 92% ▪ Continuous pulse oximetry with audible alarms for an additional 24 hours

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) 25 mg PO/ IV every 4 hours PRN. Do not give if 65 or older. If 65 or older, give loratadine (CLARITIN) 10 mg PO daily PRN	Itching
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN	Nausea/ Vomiting

Unless otherwise ordered by physician, discontinue PCA & all above orders when oral pain medications achieve tolerable pain level after 2 doses. Notify pharmacist when PCA orders discontinued.

Physician Signature

Date

Time



PCA ORDERS

P0043B (Rev 0510) White – Chart/ Scan to Pharmacy Yellow – Pharmacy Backup