Patient Controlled Analgesia [30400564]

Please consider the following: Discontinue all previously ordered Intravenous/Intramuscular narcotic pain medications. For Oncology patients contact attending physician first.

Height _______________________
Weight _______________________
Allergies _______________________

Vital Signs

[X] Continuous Pulse Oximetry
Routine, Until discontinued, Starting today
Keep O2 saturation greater than or equal to:
Monitor heart rate for duration of treatment

Highline and Harrison Vital Signs

[X] Pulse Oximetry
Routine, Once, Starting today
Keep O2 saturation greater than or equal to:

Nursing Treatment

[X] Do not purge system if connected to patient
Routine, Until discontinued, Starting today

[X] Use extreme caution when giving any additional narcotics, CNS sedatives, or depressants
Routine, Until discontinued, Starting today

[X] Stop PCA & Notify MD if RR less than 10
Routine, Until discontinued, Starting today
Pulse greater than:
Respiratory rate less than:
Respiratory rate greater than:
Temperature greater than (celsius):
Urine output less than (mL/hr):
Systolic BP greater than:
Systolic BP less than:
Diastolic BP greater than:
Diastolic BP less than:
Other:
If respiratory rate less than/equal to 10 or difficulty arousing patient. If respiratory rate less than 8 stop PCA and administer Narcan as ordered.

Nursing Assessment

PROVIDER INITIALS: __________
**Nursing Assessments for patient on PCA**

- Document pain score, respiratory rate, oxygen saturation, heart rate, sedation level and pump setting after first dose given (within 10 minutes), every 2 hours times 2, then every 4 hours until the pump is discontinued. RN will verify and document all program settings when assuming care of the patient (i.e. shift change, unit transfer). Clear pump every 8 hours and document the total medication dose administered at the time of intake/output shift totals. Patients on Opioids are at risk for constipation. Consider Medications for bowel management.

**Notify physician prior to stopping PCA pump**

- Routine, Until discontinued, Starting today. Trial oral pain medications. Discontinue PCA pump if trial of oral pain medications is effective.

**Notify physician prior to stopping PCA pump**

- Pulse greater than:
- Respiratory rate less than:
- Respiratory rate greater than:
- Temperature greater than (celsius):
- Urine output less than (mL/hr):
- Systolic BP greater than:
- Systolic BP less than:
- Diastolic BP greater than:
- Diastolic BP less than:
- Other: When patient tolerating oral intake and trial pain medications

**IV Fluids**

<table>
<thead>
<tr>
<th>IV Fluid</th>
<th>Order if only not previously ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium chloride 0.9% (NS) infusion</td>
<td>20 mL/hr, IntraVENous, As needed, other, if no IV solution is ordered during PCA administration. Stop when PCA discontinued., Routine</td>
</tr>
</tbody>
</table>

**PCA Medications**

**PCA Medications (Single Response)**
<table>
<thead>
<tr>
<th>Medications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/Vomiting</td>
<td></td>
</tr>
</tbody>
</table>

**PROVIDER INITIALS: __________**

### Mophine (PF) 1MG/ML PCA

- **IntraVeneous, Continuous**
- For inadequate Analgesia After 1 Hour:  Increase PCA Dose by 0.5 mg
- For Continued Inadequate Relief [After 1 hour following dose increase]:  Decrease Lockout Interval to 6 minutes.
- Loading Dose: 2 mg
- PCA Patient Bolus Dose: _______________(Required)
- Lockout interval: 8 min
- Continuous Infusion Rate: ____________(Required)
- Hours of continuous infusion:  
- Four Hour Dose Limit: 30 mg
- For inadequate analgesia after 1 hour, increase PCA dose to: (suggested dose: increase dose by 50%): ____________(Required)

### Hydromorphine (DILAUDID) PCA 1 mg/ml

- **IntraVeneous, Continuous**
- For inadequate Analgesia After 1 Hour:  Increase PCA Dose by 0.1mg
- For Continued Inadequate Relief [After 1 hour following dose increase]:  Decrease Lockout Interval to 6 minutes.
- Loading Dose: 0.2 mg
- PCA Patient Bolus Dose: _______________(Required)
- Lockout interval: 8 min
- Continuous Infusion Rate: ____________(Required)
- Hours of continuous infusion:  
- Four Hour Dose Limit: ____________(Required)
- For inadequate analgesia after 1 hour, increase PCA dose to: (suggested dose: increase dose by 50%): ____________(Required)

### Fentanyl (SUBLIMAZE) PCA 20 mcg/mL

- **IntraVeneous, Continuous**
- For inadequate Analgesia After 1 Hour:  Increase PCA Dose by 10 mcg
- For Continued Inadequate Relief [After 1 hour following dose increase]:  Decrease Lockout Interval to 6 minutes.
- Loading Dose: (optional): ____________(Required)
- PCA Patient Bolus Dose: (suggested dose 10-20 mcg): ____________(Required)
- Lockout interval: ____________(Required)
- Continuous Infusion Rate: (suggested dose: 10-20 mcg/hr): ____________(Required)
- Hours of continuous infusion:  
- Four Hour Dose Limit: ____________(Required)
- For inadequate analgesia after 1 hour, increase PCA dose to: (suggested dose: increase by 10 mcg): ____________(Required)
### PHYSICIAN ORDERS

**Patient Controlled Analgesia [30400564]**

**Physician Orders**

<table>
<thead>
<tr>
<th>Order</th>
<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ondansetron (ZOFRAN) 4 mg/2 mL injection</td>
<td>4 mg, IntraVenous, Every 4 hours PRN, nausea, vomiting, Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promethazine (PHENERGAN) 25 mg/mL injection</td>
<td>6.25-12.5 mg, IntraVENous, Every 4 hours PRN, nausea, vomiting. Give ondansetron first. If ineffective give promethazine. Use 6.25-12.5 mg IV for patients age 65 and over. Routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Promethazine (PHENERGAN) 25 mg/mL injection</td>
<td>12.5-25 mg, IntraVENous, Every 4 hours PRN, nausea, vomiting. Give ondansetron first. If ineffective give promethazine. Routine</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Anti-Itching**

[X] Diphenhydramine (Benadryl) injection 25 mg, IntraVenous, Every 4 hours PRN, itching IV or PO - PCA order Routine

[X] Diphenhydramine (Benadryl) capsule 25 mg, Oral, Every 4 hours PRN, itching IV or PO - PCA order Routine

**Respiratory Depression**

[X] Naloxone (Narcan) syringe 0.4 mg/mL 0.01 mg, IntraVENous, Every 5 min PRN, respiratory depression, for Respiratory Rate 8 or less or sedation level of 4 stop PCA, For 3 Doses Give naloxone (Narcan) 0.1 mg IV stat with 10 ml normal saline flush. (may repeat times 10, every 2 minutes) and notify on-call anesthesiologist /CRNA Routine

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**Date:**_______  **Time:**________  **Printed Name of Ordering Provider:**________________________

**Provider Signature:**_____________________________________________________

**Date:**_______  **Time:**________  **RN Acknowledged:** __________________________

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**PROVIDER INITIALS:** __________