attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

PCA Intravenous Infusion Order Form
Benadryl®, Ativan®, Decadron® (B.A.D.)

Benadryl®, Ativan®, Decadron® PCA Intravenous Infusion Order Form
NOTE: Restricted to Hematology/Oncology and Palliative Care Use

Check one of the following boxes below:

❑ **Standard order for PCA:**

Diphenhydramine	150 mg
Lorazepam	4 mg
Dexamethasone	15 mg
qs 0.9% NS	*50 ml*

Basal rate (dose): _____ ml per hour

Bolus/demand dose (if needed): _____ ml

Delay (lockout): _____ minutes

1 hour limit: _____ ml

❑ **Non-Protocol orders for PCA:**

Please fill in desired dose of each medication. Normal dosing range listed based on standard recipe.

Diphenhydramine	_____ mg (150-200 mg)
Lorazepam	_____ mg (4 – 8 mg)
Dexamethasone	_____ mg (15 – 20 mg)
qs 0.9% NS	*50 ml*

Basal rate dose: _____ ml per hour

Bolus/demand dose (if needed): _____ ml

Delay (lockout): _____ minutes

1 hour limit: _____ ml

Date	Time	Physician's Signature	MD Number