

Date _____ Time _____

Weight _____ kg Height _____ cm

Allergies: _____

Types of Reaction: _____

PEDIATRIC PATIENT CONTROLLED ANALGESIA ORDERS

1. Discontinue other narcotic orders when PCA starts.
2. Vital Signs, Oxygen Saturation, and Pain Assessment score: q 30 minutes x 2; q 2 hrs x 8; then q 4 hours.
Document on patient record per nursing policy.
3. Standard PCA Orders:
(complete for appropriate drug; cross out other two columns)

	Morphine PCA	Hydromorphone PCA	Fentanyl PCA
Basal Rate	_____ mg/hr (0.02 mg/kg/hr; Max = 5 mg/hr)	_____ micrograms/hr (4 micrograms/kg/hr; Max = 1000 micrograms/hr)	_____ micrograms/hr (0.5 micrograms/kg/hr; Max = 100 micrograms/hr)
Intermittent Dose	_____ mg/dose (0.02 mg/kg; Max = 5 mg/dose)	_____ micrograms/dose (4 micrograms/kg; Max = 500 micrograms/dose)	_____ micrograms/dose (0.5 micrograms/kg; Max = 50 micrograms/dose)
Lockout interval	_____ minutes (6-10 minutes)	_____ minutes (6-10 minutes)	_____ minutes (6-10 minutes)
Four hour limit (Do not use with basal infusion)	_____ mg (0.48 mg/kg)	_____ micrograms (96 micrograms/kg)	_____ micrograms (8 micrograms/kg)

Non-standard PCA Orders (circle medication)*:

Morphine

Hydromorphone

Fentanyl

Basal Rate: _____ mg/hr

Basal Rate: _____ micrograms/hr

Intermittent Dose: _____ mg/dose

Intermittent Dose: _____ micrograms/dose

Lockout Interval: _____ minutes

Lockout Interval: _____ minutes

Four hour limit: _____ mg

Four hour limit: _____ micrograms

4. If analgesia inadequate after one hour, call _____ on pager _____.

5. Continuous pulse oximetry.

6. Call house officer for RR <12 breaths per minute; HR >130 BPM or <60 BPM; SBP <80 mmHg; oxygen saturation <92% or complaints of urinary retention.

7. If patient unresponsive, RR <12 breaths per minute, or oxygen saturations <92%:
Discontinue PCA.
Administer Naloxone _____ mg IV over 2 minutes.
(0.02 mg/kg, max. dose 2 mg). May repeat q 1 – 2 minutes until patient is responsive.
Apply supplemental oxygen.
Page house officer STAT.
8. Ondansetron _____ mg (0.15 mg/kg, max dose 4 mg) IV q 8 hours prn nausea/vomiting.
9. Diphenhydramine _____ mg (0.5 mg/kg, max dose 25 mg) IV or PO q 4 hours prn pruritis.
10. Bisacodyl 5 mg PO q 48 hours prn if no bowel movement and patient tolerating any diet.

***Directions for converting from previously received narcotic**

- A. Total previous 24 hour opiate dose
- B. If necessary, convert to an equianalgesic alternative (see below)
- C. Use 50 – 75% of this dose as the basal infusion
- D. Order bolus doses and frequency as above

OPIATE

Morphine

Fentanyl

Hydromorphone

EQUIVALENT DOSE (IV)

10 mg

0.1 mg

1.5 mg

Physician Signature

Physician ID #

Pharmacist Signature