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)

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

Non-standard PCA Orders (circle medication)*:

Morphine
Basal Rate: _____ mg/hr
Intermittent Dose: _____ mg/dose
Lockout Interval: _____ minutes
Four hour limit: _____ mg

Hydromorphone
Basal Rate: _____ micrograms/hr
Intermittent Dose: _____ micrograms/dose
Lockout Interval: _____ minutes
Four hour limit: _____ micrograms

Fentanyl
Basal Rate: _____ micrograms/hr
Intermittent Dose: _____ micrograms/dose
Lockout Interval: _____ minutes
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.

Unapproved abbreviations – U, IU, QD, QOD, MS, MSO4, MgSO4, doses without leading zeros, doses with trailing zeros, AU, AD, AS, AL, OS, OD, OU, ug.
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

<table>
<thead>
<tr>
<th>OPIATE</th>
<th>EQUIVALENT DOSE (IV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td>10 mg</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>0.1 mg</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>1.5 mg</td>
</tr>
</tbody>
</table>

_________________________ ______________________
Physician Signature      Physician ID #

_________________________
Pharmacist Signature

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