



Date _____ Time _____

Weight _____ kg Height _____ cm

Allergies: _____

Type of Reaction: _____

PEDIATRIC PATIENT CONTROLLED ANALGESIA ORDERS

morPHINE PCA

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 morPHINE PCA Orders (HYDROmorphine and fentaNYL are second-line medications for use in patients who are either allergic to morPHINE or have previously experienced inadequate response to morPHINE):

morPHINE PCA (1 mg/ml)

PCA Dose (boost)	____ mg/dose (0.02 mg/kg; Max = 5 mg/dose)
Lockout Interval	____ minutes (6 – 10 minutes)
Continuous Rate (optional)	____ mg/hr (0.02 mg/kg/hr; Max = 5 mg/hr)
Four hour limit (do not use for continuous infusions)	____ mg (0.3 mg/kg)

4. If analgesia inadequate after one hour, call _____ on pager _____.
5. Continuous pulse oximetry.
6. Call house office for RR < 12 breaths per minute; HR > 130 BPM or < 60 BPM; SCP < 80mmHg; Oxygen saturation < 92% or complaints of urinary retention.
7. If RR < 12 breaths per minute or oxygen saturation <92%, or patient is unresponsive:
 - Discontinue PCA
 - Administer Naloxone _____ mg (0.02 mg/kg, max dose 2 mg) IV over 2 minutes. May repeat q 1 -2 minutes until patient is responsive.
 - Apply supplemental oxygen and place patient on cardiac monitoring.
 - 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 itching.
10. Polyethylene Glycol 3350 17 grams PO q 24 hours if no bowel movement and patient is tolerating any diet.

Physician Signature

Physician ID#

