LEB FentANYL PCA

Vital Signs

☑️ Vital Signs
  Monitor and Record T,P,R,BP, q 30 minutes x 2; q 2 hrs x 8; then q 4 hours.

Patient Care

☑️ Nursing Communication
  Oxygen saturation and pain assessment score: q 30 minutes x 2; q 2 hrs x 8; then q 4 hours.

✓ Nursing Communication
  If analgesia inadequate after one hour, call __________ on pager __________

☑️ Nursing Communication
  If RR<12 breaths per minute, or oxygen saturation <92%, or patient is unresponsive:
  - Discontinue PCA
  - Administer Naloxone
  - Apply supplemental oxygen and place patient on cardiac monitoring.
  - Page house officer STAT

☑️ O2 Sat Continuous Monitoring NSG

Continuous Infusion

☐ +1 Hours D5 1/2NS
  250 mL, IV, For Medication Administration

Medications

Fentanyl is a second-line medication for use in patients who are either allergic to morphine or have previously experienced inadequate response to morphine. (NOTE)*

☐ +1 Hours fentaNYL PCA 50 mcg/mL
  PCA Dose: 0.2 mcg/kg, Lock-out: 6 min, 4hr Limit: 4 mcg/kg, Continuous Rate: None, PCA, PCA, Routine, (for 3 day)
  Comments: Max PCA Dose = 25 mcg/dose. Lockout Interval Range: 6 to 10 minutes

☐ +1 Hours fentaNYL PCA 50 mcg/mL
  PCA Dose: 0.2 mcg/kg, Lock-out: 10 min, Continuous Rate: 0.4 mcg/kg/hr, PCA, PCA, Routine, (for 3 day)
  Comments: Max PCA Dose = 25 mcg/dose. Lockout Interval Range: 6 to 10 minutes Max Continuous (basal) Rate = 100 mcg/hr. Do not use 4 hour limit with continuous PCA.

☑️ +1 Hours naloxone
  0.02 mg/kg, Ped Injectable, IV Push, q2min, PRN Respiratory Depression, Routine
  Comments: Give IV over 2 minutes. May repeat every 1-2 minutes until patient is responsive. MAX dose = 0.4 mg

☑️ +1 Hours ondansetron
  0.15 mg/kg, Ped Injectable, IV Push, q8h, PRN Nausea/Vomiting, Routine, MAX dose = 8 mg

☑️ +1 Hours diphenhydrAMINE
  0.5 mg/kg, Ped Injectable, IV Push, q4h, PRN Itching, Routine, MAX dose = 50 mg
  Comments: May give PO instead.

☑️ +1 Hours diphenhydrAMINE
  0.5 mg/kg, PO, q4h, PRN Itching, Routine, Max dose = 50 mg
  Comments: May give IV push instead.

☑️ +1 Hours polyethylene glycol 3350
  17 g, Powder, PO, q24h, PRN Constipation, Routine
  Comments: If not bowel movement AND patient is tolerating any diet.

Consults/Notifications/Referrals

☑️ Pharmacist Consult
  Reason: Discontinue narcotics. Special Instructions: Discontinue other narcotic orders when PCA

PT LEB FentaNYL PCA Plan 43008 QM0818 PP Rev101618 Page 1 of 2
Physician Orders PEDIATRIC: LEB FentaNYL PCA Plan

- **Notify Physician-Continuing**
  
  Notify: House Officer, Notify For: RR<12 breaths per minute; HR>130 BPM or <60 BPM; SBP <80mmHg; oxygen saturation < 92% or complaints of urinary retention while on PCA.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order