



Physician Orders PEDIATRIC: LEB FentaNYL PCA Plan

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





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starts.

- 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.

Date	Time	Physician's Signature	MD Number
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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

