



### Physician Orders PEDIATRIC: LEB HYDRomorphone PCA Plan

#### LEB HYDRomorphone 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  
-Page house officer STAT*
- O2 Sat Continuous Monitoring NSG

##### Continuous Infusion

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

##### Medications

For Use in Patients Greater than or equal to 45 kg only(NOTE)\*

Hydromorphone 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 HYDRomorphone PCA 1 mg/mL inj  
*PCA Dose: 0.2 mg, Lock-out: 15 min, 4hr Limit: 3 mg, Continuous Rate: None, PCA, PCA, Routine, (for 3 day )*
- +1 Hours HYDRomorphone PCA 1 mg/mL inj  
*PCA Dose: 0.2 mg, Lock-out: 15 min, Continuous Rate: 0.2 mg/hr, PCA, PCA, Routine, (for 3 day )*
- R +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 = 8mg  
Comments: May repeat every 1-2 minutes until the patient is responsive. Max dose = 4 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 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.*





**Physician Orders PEDIATRIC: LEB HYDRORmorphone PCA Plan**

Date	Time	Physician's Signature	MD Number
------	------	-----------------------	-----------

**\*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

