LEB MorPHINE 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

☑ Q2 Sat Continuous Monitoring NSG

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

Medications
☐ +1 Hours morPHINE PCA 1 mg/ml Inj
PCA Dose: 0.02 mg/kg, Lock-out: 6 min, mg, Continuous Rate: None, PCA, PCA, Routine, (for 3 day)
Comments: Max PCA Dose = 5 mg/dose.Lockout interval range: 6 to 10 minutes

☐ +1 Hours morPHINE PCA 1 mg/ml Inj
PCA Dose: 0.02 mg/kg, Lock-out: 10 min, mg, Continuous Rate: 0.02 mg/kg/hr, PCA, PCA, Routine, (for 3 day)
Comments: Max PCA Dose = 4 mg/dose. Lockout Interval Range: 6 to 10 minutes Max Continuous (basal) Rate = 4 mg/hr.

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 = 4mg

☐ +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: If patient tolerating PO, May give PO formulation instead.

☐ +1 Hours diphenhydRAMINE
0.5 mg/kg, PO, q4h, PRN Itching, Routine, Max dose = 50 mg
Comments: If patient not tolerating PO, may give IV formulation 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 MorPHINE PCA Plan**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Physician’s Signature</th>
<th>MD Number</th>
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</table>

*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