



### Physician Orders PEDIATRIC: LEB MorPHINE PCA Plan

#### 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
- O2 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.*





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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

