

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/ Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**Patient Controlled Analgesia**

**Version 2 5/29/14**

**Nursing Orders**

- ☑ IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Initiate Respiratory Depression Protocol AND Notify Provider

**Medications**

Analgesics (PCA): Select one

- If patient does not have the cognitive and/or physical ability to operate the PCA consider ordering a low dose continuous infusion with clinician controlled bolus for breakthrough pain

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- morphine range recommendations: demand dose: 0.5-2 milligram; demand dose lock out: 5-10 minutes; doses(milligram)/hour: 5-10 milligram/hour

morphine in normal saline 1 mg/mL (PCA)

- |  |   |
|--|---|
| <input type="checkbox"/> Standard PCA<br>Demand dose: 1 milligram;<br>Demand dose lock out: 8 minutes;<br>MAX doses/hour: 7 doses/hour             | <input type="checkbox"/> Custom PCA<br>Demand dose: ____ milligram<br>Demand dose lock out: ____ minutes<br>MAX doses/hour: ____ doses/hour |
| <input type="checkbox"/> Continuous rate: ____ milligrams/hour (initial rate should not be greater than 1 milligram/hour in opioid naive patients) |   |
| <input type="checkbox"/> Clinician bolus: ____ milligrams (max = ____ doses/hour)  |   |

- HYDRomorphone (DILAUDID) range recommendations: demand dose: 0.05-0.4 milligram; demand dose lock out: 5-10 minutes; doses(milligram)/hour: 1-1.5 milligram/hour

HYDRomorphone normal saline 0.2 mg/mL (DILAUDID - PCA)

- |   |   |
|---|---|
| <input type="checkbox"/> Standard PCA<br>Demand dose: 0.2 milligram;<br>Demand dose lock out: 8 minutes;<br>Maximum doses/hour: 7 doses/hour          | <input type="checkbox"/> Custom PCA<br>Demand dose: ____ milligram<br>Demand dose lock out: ____ minutes<br>Maximum doses/hour: ____ doses/hour |
| <input type="checkbox"/> Continuous rate: ____ milligrams/hour (initial rate should not be greater than 0.15 milligram/hour in opioid naive patients) |   |
| <input type="checkbox"/> Clinician bolus: ____ milligrams (max = ____ doses/hour)   |   |

- fentaNYL range recommendations: demand dose: 10-50 microgram; demand dose lock out: 5-10 minutes; doses(microgram)/hour: 75-125 microgram/hour

fentaNYL in normal saline 10 micrograms/mL (PCA)

- |  |  |
|--|--|
| <input type="checkbox"/> Standard PCA<br>Demand dose: 10 micrograms;<br>Demand dose lock out: 8 minutes;<br>Maximum doses/hour: 7 doses/hour         | <input type="checkbox"/> Custom PCA<br>Demand dose: ____ micrograms<br>Demand dose lock out: ____ minutes<br>Maximum doses/hour: ____ doses/hour |
| <input type="checkbox"/> Continuous rate: ____ micrograms/hour (initial rate should not be greater than 10 micrograms/hour in opioid naive patients) |  |
| <input type="checkbox"/> Clinician bolus: ____ micrograms (max = ____ doses/hour)  |  |

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_