

(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
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Diagnosis: _____

Allergies with reaction type: _____

Pediatric-Patient Controlled Analgesia

Version 3 5/29/14

General

- This pediatric order set is intended for use in patients 8 years of age through 17 years of age and less than 50 kilograms
 - IF signs/symptoms of opioid induced respiratory depression: STOP PCA or IV Opiate infusions if applicable AND Notify Provider
 - Pulse oximetry : continuous

Patient Weight: _____

Medications

Analgesics: 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
- morphine range recommendations: demand dose: 0.01-0.02 milligram/kilogram; demand dose lock out: 8-10 minutes; doses/hour: 6-7 doses/hour; continuous rate: 0.01-0.02 milligram/kilogram per hour; clinician bolus: 0.05-0.1 milligram/kilogram every 1-2 hours
morphine in normal saline 1 mg/mL (PCA)
 - Standard PCA
Demand dose: 0.01 milligram/kilogram = _____ milligrams;
Demand dose lock out: 10 minutes;
MAX doses/hour: 6 doses/hour
 - Custom PCA
Demand dose: _____ milligram/kilogram = _____ milligrams
Demand dose lock out: _____ minutes;
MAX doses/hour: _____ doses/hour
 - Continuous rate: _____ milligram/kilogram per hour = _____ milligram/hour (initial rate should not be greater than 0.01 milligram/kilogram per hour)
 - Clinician bolus: _____ milligrams every 1-2 hours as needed for pain
- HYDRomorphone (DILAUDID) range recommendations: demand dose: 1.5-3 microgram/kilogram; demand dose lock out: 8-10 minutes; doses/hour: 6-7 doses; continuous rate: 1.5-3 microgram/kilogram per hour; clinician bolus 15 microgram/kilogram every 2-3 hours
HYDRomorphone normal saline 0.2 mg/mL (DILAUDID - PCA)
 - Standard PCA
Demand dose: 1.5 microgram/kilogram = _____ micrograms;
Demand dose lock out: 10 minutes;
MAX doses/hour: 6 doses/hour
 - Custom PCA
Demand dose: _____ microgram/kilogram = _____ micrograms
Demand dose lock out: _____ minutes;
MAX doses/hour: _____ doses/hour
 - Continuous rate: _____ microgram/kilogram per hour = _____ microgram/hour (initial rate should not exceed 1.5 microgram/kilogram per hour)
 - Clinician bolus: 15 microgram/kilogram = _____ microgram every 2-3 hours as needed for pain

Initials _____

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PROVIDER ORDERS

- fentaNYL range recommendations: demand dose: 0.1-0.5 microgram/kilogram; demand dose lock out: 8-10 minutes; doses/hour: 6-7 doses; continuous rate: 0.1-0.2 microgram/kilogram per hour; clinician bolus- 0.5 microgram/kilogram every 1-2 hours

fentaNYL in normal saline 10 micrograms/mL (PCA)

- Standard PCA
Demand dose: 0.1 microgram/kilogram = ____ micrograms;
Demand dose lock out: 10 minutes;
MAX doses/hour: 6 doses/hour
- Custom PCA
Demand dose: ____ microgram/kilogram = ____ micrograms
Demand dose lock out: ____ minutes;
MAX doses/hour: ____ doses/hour
- Continuous rate: ____ microgram/kilogram per hour = ____ microgram/hour (initial rate should not exceed 0.1 microgram/kilogram per hour)
- Clinician bolus: 0.5 microgram/kilogram = ____ microgram every 1-2 hours as needed for pain

Antipruritics

diphenhydrAMINE (BENADRYL)

- 0.5 milligram/kilogram = ____ milligram intravenously every 6 hours as needed for itching (0.5-1 milligram/kilogram: MAX 25 milligram per dose)

Antiemetics

ondansetron (ZOFTRAN)

- 0.1 milligram/kilogram = ____ milligram intravenously every 6 hours as needed for nausea/vomiting (0.1-0.15 milligram/kilogram: MAX 4 milligram per dose)
- 0.04 milligram intravenous push as needed for respiratory rate less than 8 breath/minute
Repeat every minute until patient is responsive to voice, respiratory rate is greater than 12 breaths/minute and undesired opiate effect is resolved; NOTIFY PROVIDER

Provider Signature: _____ Date: _____ Time: _____