

Patient Controlled Analgesia (PCA) Standard Orders

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
Patient allergy and contraindications must be considered when completing these orders.*

Automatically activated (If not in agreement with an order cross out and initial).
 Requires a check (√) for activation

Allergies: Unknown No Yes (describe) _____

Height (cm): _____ Weight (kg): _____

MEDICATION ORDERS	GENERAL ORDERS
<p><input type="checkbox"/> morphine 1 mg/mL</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient Bolus (PCA Dose) <u>2 mg</u> <input checked="" type="checkbox"/> Bolus Interval (Delay/Lock out period) <u>10 minutes</u> <input checked="" type="checkbox"/> Number of bolus per hour: <u>6</u> <input checked="" type="checkbox"/> One-Hour Dose Limit <u>12 mg/hour</u> <input type="checkbox"/> Basal Rate/Continuous Infusion (if applicable) _____mg/hour <input type="checkbox"/> Load Dose (Clinician/Nurse Bolus if applicable) _____mg every _____minutes for a total maximum dose of _____mg per hour. This includes PCA and Load (Clinician/Nurse Bolus) <p><input type="checkbox"/> HYDROMorphone 0.4 mg/mL</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient Bolus (PCA Dose) <u>0.2 mg</u> <input checked="" type="checkbox"/> Bolus Interval (Delay/Lock out period) <u>10 minutes</u> <input checked="" type="checkbox"/> Number of bolus per hour: <u>6</u> <input checked="" type="checkbox"/> One-Hour Dose Limit <u>1.2 mg/hour</u> <input type="checkbox"/> Basal Rate/Continuous Infusion (if applicable) _____mg/hour <input type="checkbox"/> Load Dose (Clinician/Nurse Bolus if applicable) _____mg every _____minutes for a total maximum dose of _____mg per hour. This includes PCA and Load (Clinician/Nurse Bolus) <p><i>Reversal of opioid induced respiratory depression:</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Naloxone IV bolus/IM/Subcutaneous: 0.04 to 0.4 mg over 30 seconds at 2 to 3-minute intervals until respiratory rate is greater than 10 breaths/minute 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> For information on delivery of medications via PCA infusion please refer to Elsevier Skills Online Resource - "<i>Medication Administration: Patient-Controlled Analgesia</i>" <input checked="" type="checkbox"/> Ensure PCA line is connected to a primary/continuous IV solution as this infusion will deliver the dose in a consistent manner. <input checked="" type="checkbox"/> PCA boluses are only to be administered by the patient – NOT by nursing or family. Ensure this education is provided to patient and family <input checked="" type="checkbox"/> Monitor patient as per the PCA Assessment Flow Sheet <input checked="" type="checkbox"/> For respiratory depression have Naloxone readily available. If the <u>respiratory rate less than 8/minute</u>: <ul style="list-style-type: none"> • Stop the PCA pump • Apply oxygen to maintain SpO² at least 90 percent • Have someone page "Code 25"

PRESCRIBER'S SIGNATURE: _____ PRINTED NAME: _____ Date _____ Time _____

Order Transcribed
Date: _____ Time: _____ Init _____

FAX/SCAN TO PHARMACY
Date: _____ Time: _____ Init _____

Patient Controlled Analgesia (PCA) Assessment Flow Sheet

Date:								
Time:								
Medication Information: Press #7 on Curlin Pump – Info will appear on the screen in the following order (as below)								
Basal Rate (mcg/mg)								
Patient Bolus (mcg/mg)								
Bolus Interval (minutes)								
Number of Bolus per hour								
Total Infusion (mcg/mg per hour)								
Remaining (mL)								
Total Volume (given in mL)								
Patient Bolus (ex: 1of 2)								
Load Dose – Clinician/Nurse Bolus Dose (if administered)								
Patient Assessment: If documentation is performed on the IPN indicate with an Asterix beside your initials								
Pain Scale 0-10								
RASS – Sedation Scale - (see reverse page)								
Respiratory Rate per minute								
Nausea or Vomiting								
Constipation								
Urinary Retention								
Confusion								
Pruritis								
Shift Totals – 0600 and 1800								
Time Elapsed								
Amount Infused (mcg/mg)								
Patient Bolus								
Number of Clinician Doses (if administered)								
Initials								

Medication: _____ Concentration: _____

- Documentation to be performed every 2 hours. Monitor patient hourly and prn.
- Shift Totals – Press button #9 to view “Shift Totals” and then “Yes” to clear data on pump.

Richmond Agitation-Sedation Scale (RASS)

Score	Term	Description
+4	Combative	Overtly combative or violent, immediate danger to staff
+3	Very agitated	Pulls on or removes tubes or catheters, aggressive behavior toward staff
+2	Agitated	Frequent nonpurposeful movement or patient-ventilator dyssynchrony
+1	Restless	Anxious or apprehensive but movements not aggressive or vigorous
0	Alert and calm	
-1	Drowsy	Not fully alert, sustained (>10 seconds) awakening, eye contact to voice
-2	Light sedation	Briefly (<10 seconds) awakens with eye contact to voice
-3	Moderate sedation	Any movement (but no eye contact) to voice
-4	Deep sedation	No response to voice, any movement to physical stimulation
-5	Unarousable	No response to voice or physical stimulation