Presbyterian Hospital of Dallas
A Member of Presbyterian Healthcare System

PHYSICIAN'S ORDERS

PATIENT CONTROLLED ANALGESIA ORDER FORM

For Use with Standard PCA Cassettes - intravenous only

PATIENT ADDRESSOGRAPH

PLACE A CHECK NEXT TO THE APPROPRIATE DRUG. PLEASE PRINT USING A BALLPOINT PEN.

NOTE: Recommendations and suggested doses are provided as a guideline and are not intended to replace clinical judgement.

Height: _____ **cm** **Weight:**_____ **kg** **Allergies:**_____

❑ **Morphine** (1 mg/ml) - Recommended Agent of Choice ❑ **Morphine High Concentration** (5mg/ml)

Loading Dose: _____ mg (0.03 - 0.05 mg/kg) - May repeat every 15 minutes until comfortable
Dose: _____ mg (0.01 - 0.03 mg/kg) (recommend not to exceed 3 mg)
Delay Interval: _____ minutes (Every 5-10 min)
Lockout Limit: _____ mg (0.3 mg/kg or 30 mg maximum per 4 hours)
Basal Rate: _____ mg/hr (Optional 0 - 1.25 mg/hr)
Booster Dose: _____ mg (0.02 - 0.04 mg/kg) - May repeat every 30 minutes as needed

❑ **Hydromorphone** (Dilaudid) (1 mg/ml) - Recommended Alternative if Morphine contraindicated

Loading Dose: _____ mg (0.002 - 0.004 mg/kg) - May repeat every 15 min until comfortable
Dose: _____ mg (0.001 - 0.003 mg/kg)
Delay Interval: _____ minutes (6-10 min)
Lockout Limit: _____ mg (0.017 - 0.020 mg/kg/hr or max of 2 mg/hr)
Basal Rate: _____ mg/hr (Optional 0 - 0.2 mg/hr)
Booster Dose: _____0.001 - 0.002 mg/kg - May repeat every 30 minutes as needed

❑ **Fentanyl** (10 mcg/ml)

Loading Dose: _____ mcg (0.25 - 0.3 mcg/kg) - May repeat every 5 minutes until comfortable
Demand Dose: _____ mcg (0.15 - 0.5 mcg/kg) (recommend not to exceed 50 mcg)
Demand Lockout: _____ minutes (Every 5-8 min)
1 hr Lockout Limit: _____ mcg (1.1 - 1.3 mcg/kg per hour or max of 125 mcg/hr)
Continuous Rate: _____ mcg/hr (Optional 0 - 10 mcg/hr)
Booster Dose: _____ mcg (0.15 - 0.25 mcg/kg) - May repeat every 20 minutes as needed

Nausea: _____ Droperidol (Inapsine®) 0.625 mg IV every 4 hours as needed - Recommended Agent of choice (See back page)
_____ Ondansetron (Zofran®) 8 mg IV x 1 dose - Use in treatment failure only

Pruritus: _____ Diphenhydramine (Benadryl®) 25 mg IV every 4 hours as needed - Recommended Agent of choice
_____ Nalbuphine (Nubain®) 2 mg IV every 3 hours as needed

Contact Dr. _____ immediately for:
1) Pain unrelieved by above orders (>5/10 pain score)
2) Arousal score of 4 or greater and respiratory rate of 8 or less

DATE_____ TIME_____ PHYSICIAN SIGNATURE_____ ID NUMBER _____

PHD7300.0019 (10/01) **White** - Original Medical Records **Yellow** - Pharmacy

Source: Presbyterian Hospital of Dallas.