Date	Adult Patient Controlled Analgesia Orders
Time	(All orders with a ☐ must be checked to activate. All orders with a ☒ are activated.)

1. **PCA Orders:**

- Select agent and complete information below.
- These orders will supersede any previous standing orders for agents selected below.
- No IM, IV, or PO analgesics or sedatives unless otherwise indicated by prescriber / service ordering PCA.
- Notify prescriber / service if the maximum dose is reached prior to the 4-hour time limit and pain persists.
- If "Continuous / Basal Rate" is initiated with PCA, must indicate "around-the-clock" or "nightly" as outlined below.
- All orders with a ☐ must be checked to be activated.

Parameters	☐ Morphine (concentration = 1 mg/mL)		☐ Hydromorphone (DILAUDID) (concentration = 0.2 mg/mL)		☐ Fentanyl (concentration = 10 mcg/mL)		☐ Other**: ________ (concentration = ________)	
	Reference Range	PCA Orders	Reference Range	PCA Orders	Reference Range	PCA Orders	Reference Range	PCA Orders
Initial Loading Dose / Bolus	0.1 - 10 mg		0.2 - 0.8 mg		20 - 40 mcg (average = 25 mcg)			
PCA Dose	0.5 - 2 mg		0.1 - 0.3 mg		5 - 20 mcg			
Lockout Interval	5 - 10 min		5 - 10 min		4 - 8 min			
One-Hour Limit	5 - 15 mg		0.5 - 3 mg		50 -150 mcg			
Continuous / Basal Rate*	0.1 - 5 mg/hr (usual "initial" = 0.5 mg/hr)		0.1 - 1 mg/hr (usual "initial" = 0.2 mg/hr)		10 - 50 mcg/hr (usual "initial" = 10 mcg/hr)			
	☐ Initiate "continuous/basal rate" infusion: ☐ around-the-clock or ☐ nightly from 10 pm to 6 am *(must check to activate "basal" order)*							
Breakthrough Pain	2 - 5 mg IV q2hr PRN		1 - 2 mg IV q2hr PRN		10 - 25 mcg IV q2hr PRN			

** Higher PCA concentrations may be used in patients with very high opioid requirements. Contact pharmacy for more information.
* If a basal rate is ordered, start at the following "initial" settings: morphine = 0.5 mg/hr, hydromorphone = 0.2 mg/hr, fentanyl = 10 mcg/hr, unless otherwise specified.
NOTE: Metabolites of morphine and hydromorphone may accumulate in patients with renal dysfunction. Dosing adjustments are often necessary in these patients. Contact pharmacy for dosing assistance if needed.

3. **Patient Monitoring:**

- check these parameters (vital signs, pain scale, sedation scale, and oxygen saturation) at the following schedule: upon initiation of PCA, q2hr x 2 after PCA initiation, then q4hr for the duration of therapy.
- Pulse oximetry monitoring is required for PCA with basal infusion of any opioids.

4. **Supplemental Medications: NOTE:** "Sedative" effects of these PRN medications may be additive

☒ If respiratory rate less than 8, stop PCA: mix naloxone (NARCAN) 0.4 mg in 10 mL of NS in a syringe. Give 0.02 mg (0.5 mL) IV slowly over 2 minutes. If no response within 1 - 2 minutes, repeat dose (to a total of 0.8 mg or 20 mL). Monitor oxygen saturation. Notify physician.

☒ If nausea and / or vomiting occur:

- ☐ Give promethazine (PHENERGAN) 6.25 - 12.5 mg PO or IV q6hr PRN.
- ☐ Other:

☐ If pruritis occurs, give diphenhydramine (BENADRYL) 25 mg PO or IV q6hr PRN.

5. **Supplemental Analgesia:**

☐ keterolac (TORADOL) 15 mg IM/IV q6hr for 48 hours PRN pain (for patient 65 years and over), or for patients with renal insufficiency, maximum = 60 mg in 24 hours).

☐ Other:

MD Signature ______________________ **MD #** ____________

Pharmacy Use Only:
067795-B-1

Shands at the University of Florida
Gainesville, Florida 32610

RX0001

Physician's Orders

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Distribution: Medical Record – Be sure to fax to Pharmacy.

Rev. 4/16/08
PS67795-B

Patient Name: Patient Identification #:

Date printed5/14/09