

: PAIN CONTROL ANALGESIC (PCA)

| Order No. | Time | Date | Room | Entered By | Priority <input type="checkbox"/> STAT <input type="checkbox"/> NORMAL | Faxed/Complete | Initials/Signature |
|--|------|------|------|--------------------------|---|--|--------------------|
| Analgesia per PCA or Continuous Infusion | | | | | | | |
| Mode of delivery (X) PCA/Basal | | | | | | | |
| Maintenance IV fluid Series at 125 ml/hr | | | | | | | |
| Medication Orders (Check One) | | | | | | | |
| () Morphine (1mg/ml) | | | | () Buprenex (0.1 mg/ml) | | | |
| (X) Meperidine (10 mg/ml) | | | | | | | |
| () Astromorph (Epidural lines only) (0.2mg/ml) | | | | | | | |
| DOSE ORDER FOR PCA/BASAL OPERATION: | | | | | | | |
| Bolus (loading) dose: <u>25 mg</u> | | | | | | | |
| PCA dose: <u>10 mg</u> Basal Rate: <u>10 mg per hour</u> | | | | | | | |
| Delay lockout: <u>10 min</u> | | | | | | | |
| One Hour Limit: <u>70 mg per hour</u> (Basal + PCA) | | | | | | | |
| | | | | | | <input type="checkbox"/> An Approved Equivalent Drug May Be Dispensed Unless Checked | |
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HEALTHCARE SYSTEM
PHYSICIAN'S ORDERS

ADDRESSOGRAPH