

University of **Medical Center**  
**ACUTE PAIN MANAGEMENT SERVICE/PCA\*\* SERVICE**

**PATIENT CONTROLLED ANALGESIA**  
**PHYSICIAN'S ORDER SHEET**

**MEDICATION ORDERS**

- Discontinue all other narcotic orders.
- No other narcotics or sedatives except as ordered by APMS physician/clarified with PCA\*\* Service. Patient on  Nursing PCA Service
- Orders to continue, change, or discontinue PCA\*\* therapy by APMS\*/PCA\*\* Service only  STC APMS Service  UMMS APMS Service

**ANALGESIC**

Morphine PCA\*\* 1mg/ml\*\*\*  
 Hydromorphone PCA\*\* 0.2 mg/ml\*\*\*  
 Other Drug = \_\_\_\_\_ mg/ml  
 IV  Subcut  
 \*\*\*Prepared in  200 ml or  \_\_\_\_\_ ml 0.9% Sodium Chloride (PF\*\*\*)

**PUMP SETTINGS**

1. Program:  PCA Mode  Cont.  PCA only  Both (Cont. + PCA)  
 2. Select:  ml  
 3. Rate (continuous basal): \_\_\_\_\_ ml/hr  
 4. Loading Dose: \_\_\_\_\_ ml \_\_\_\_\_ mg/mcg (circle one)  
 5. PCA Dose: \_\_\_\_\_ ml \_\_\_\_\_ mg/mcg (circle one)  
 6. Lockout: \_\_\_\_\_ min  
 7.  4 or  1 hour Limit  \_\_\_\_\_ ml  
 8. Container Size: \_\_\_\_\_ ml  
 9. Air Sensitivity: \_\_\_\_\_ HI \_\_\_\_\_ Low \_\_\_\_\_ Off

PATIENT IDENTIFICATION  
**PATIENT INFORMATION**

Patient Drug Allergies \_\_\_\_\_  
 Patient wt. \_\_\_\_\_ kg.

**MONITORING PROTOCOL**

- Notify APMS\*/PCA\*\* Service for:
  - ↓ respiratory rate (e.g., for patient ≥ 16 yr., RR ↓ from 18 / min. → 12 / min.) & / or ↑ sedation
  - RR: < 14 if < 8 yr. < 12 if < 16 yr. < 10 if ≥ 16 yr.
  - O<sub>2</sub> Sat < 95% on oxygen
  - sedation score of 3
  - pain, Nausea/Vomiting, or pruritus (itching) unrelieved by prescribed therapies
  - confused or agitation
- For Patients with extremity injury/and pain not controlled by this program, call Orthopedics Service to rule out compartment syndrome.
- Contact Primary Service for urinary retention.
- Assessment Orders:
  - Respiratory Rate Sedation Score, and Pain Score at least every 30 minutes x 2 then q 2 hours x 2 and then q 4 hours

**BOLUS / TITRATION ORDERS**

**UPWARD TITRATION:**  in PACU only  
 For c/o pain unacceptable to patient (pain score > \_\_\_\_\_) and PCA use ≥ 4 times/hour, if RR ≥ \_\_\_\_\_ and sedation score < 2:

- Give morphine/hydromorphone/ \_\_\_\_\_ (circle one) \_\_\_\_\_ in (\_\_\_\_\_ mcg/mg (circle one)) Loading Dose via analgesic pump. May repeat q \_\_\_\_\_ min, times \_\_\_\_\_ in a one hour period.
- May titrate PCA morphine/hydromorphone/ \_\_\_\_\_ (circle one) PCA Dose up by \_\_\_\_\_ ml (\_\_\_\_\_ mcg/mg (circle one)), within a 1 hour period: not to exceed a maximum PCA dose of \_\_\_\_\_ ml (\_\_\_\_\_ mcg/mg (circle one)), ↑ 1 hour limit to equal 4 PCA doses plus the continuous rate
- After reaching maximum PCA dose of \_\_\_\_\_ ml (\_\_\_\_\_ mcg/mg (circle one)), may titrate the Basal rate up by \_\_\_\_\_ ml (\_\_\_\_\_ mcg/mg (circle one)), within a 1 hour period: not to exceed a maximum continuous rate of \_\_\_\_\_ ml (\_\_\_\_\_ mcg/mg (circle one)) per hour. ↑ 1 hour limit to equal 4 Bolus doses plus the basal rate

**SIDE EFFECT PROPHYLAXIS AND THERAPY**

**NAUSEA / VOMITING**

Promethazine/metoprolol/dolasetron \_\_\_\_\_ mg. P.O./IV Push/IV over 20 minutes (circle) q \_\_\_\_\_ hours PRN while on PCA\*\*. Call APMS\*/PCA\*\* Service if initiated > 24 hours after PCA\*\* start up.

**ITCHING (On face and/or trunk without a rash)**

Diphenhydramine \_\_\_\_\_ mg. P.O./IV Push/IV over 20 minutes (circle) q \_\_\_\_\_ hours PRN while on PCA\*\*

**RESPIRATORY MANAGEMENT**

For respiratory rate < 14 if < 8 yr. < 12 if < 16 yr. < 10 if ≥ 16 yr.

- Stop PCA\*\* by pressing 'tur/stop' then button and remove PCA\*\* button from patient reach.
- Give nitroglycerine \_\_\_\_\_ mcg/mg (circle one) IV push: May repeat q 5 min. for respiratory rate \_\_\_\_\_ while awaiting pain specialist arrival.
- Page APMS\* physician/PCA\*\* Service & Primary MD (circle).
- ↑ Frequency of respiratory assessment to at least q 15 minutes.

Oxygen therapy \_\_\_\_\_ (While on PCA\*\*)

**ADJUNCT MEDICATIONS**

Ketorolac/acetaminophen/ibuprofen \_\_\_\_\_ mg. IV Push/IV over 20-min P.O /per rectum (circle) q \_\_\_\_\_ hours PRN or q \_\_\_\_\_ hours x 72 hours, then PRN (circle one) D/C plain acetaminophen when Roxicodone/Percocet begins.

**CONSULTATION SERVICE (Check appropriate service)**

SIGNATURE \_\_\_\_\_  
 PHYSICIAN I.D. NO. \_\_\_\_\_  
 NURSE SIGNATURE \_\_\_\_\_

APMS\* (Booper 471-7872)  Shock Trauma Pager 4482/1305  
 PCA\*\* SERVICE (Booper 7822) DATE \_\_\_\_\_ TIME \_\_\_\_\_

\*APMS = Acute Pain Management Service \*\*PCA = Patient Controlled Analgesia  
 STC = Shock Trauma Center \*\*\*PF = Preservative Free

DATE \_\_\_\_\_ TIME \_\_\_\_\_