

ANESTHESIA PCA ORDER SHEET – MORPHINE

PRESS VERY FIRMLY
USE BALL POINT PEN ONLY

CHECK / OFF EACH ORDER AS TRAN- SCRIBED	MEMORIAL HOSPITAL	
	DATE	TIME ORDERED
	PATIENT TYPE (Choose one) <input type="checkbox"/> INPATIENT <input type="checkbox"/> OBSERVATION	
	1. No additional sedatives/analgesics except acetaminophen to be given during PCA unless discussed with Anesthesia Service (#0982).	
	2. Patient weight = _____ kg	
	3. Allergies	
	4. Morphine sulfate = 1 mg/cc	
	5. Mode (choose one, cross out others)	
	a. PCA b. Continuous c. PCA + Continuous (PCA Plus)	
	6. Continuous infusion = _____ mg/hr (0.01 – 0.02 mg/kg/hr) (For PCA Plus only)	
	NURSE'S SIGNATURE	DOCTOR'S SIGNATURE

CHECK HERE IF FORMULARY LISTED GENERIC EQUIVALENT IS UNACCEPTABLE

DO NOT
WRITE
IN
THIS
SPACE

MEMORIAL HOSPITAL
PHYSICIAN'S ORDERS

CHECK / OFF EACH ORDER AS TRAN- SCRIBED	MEMORIAL HOSPITAL	
	DATE	TIME ORDERED
	PATIENT TYPE (Choose one) <input type="checkbox"/> INPATIENT <input type="checkbox"/> OBSERVATION	
	7. PCA dose = _____ mg (0.01 – 0.02 mg/kg)	
	8. Lockout = _____ minutes (7 – 15 minutes)	
	9. Four-hr limit = _____ mg (0.38 – 0.40 mg/kg)	
	10. Cardiorespiratory monitor	Yes/No
	11. Continuous Pulse Oximetry	Yes/No
	12. Ambu bag, O ₂ tubing, face mask and suction at bedside	Yes/No
	13. 1 ampule naloxone (narcan) with TB syringe at bedside	Yes/No
	14. Assess pain relief, sedation and vital signs per PCA routine.	
	NURSE'S SIGNATURE	DOCTOR'S SIGNATURE

CHECK HERE IF FORMULARY LISTED GENERIC EQUIVALENT IS UNACCEPTABLE

DO NOT
WRITE
IN
THIS
SPACE

CHECK / OFF EACH ORDER AS TRAN- SCRIBED	MEMORIAL HOSPITAL	
	DATE	TIME ORDERED
	PATIENT TYPE (Choose one) <input type="checkbox"/> INPATIENT <input type="checkbox"/> OBSERVATION	
	15. If respiratory rate < 12, SpO ₂ < 92%, and/or the patient is unarousable, stop PCA, STAT page Anesthesia Service (#0982), and apply supplemental O ₂ .	
	16. For itching, administer benadryl 0.1 - 0.25 mg/kg = _____ mg (max. 25 mg) IV over 20 min. q 4 hrs prn. Hold if patient is somnolent.	
	17. For nausea/vomiting, administer 0.25 mg/kg _____ mg promethazine (max. 25 mg) IV over 20 min. or by suppository prn , q 4 hrs prn. Hold if patient is somnolent.	
	18. Contact Anesthesia Service (#0982) for inadequate analgesia, questions and to evaluate PCA discontinuation.	
	NURSE'S SIGNATURE	DOCTOR'S SIGNATURE

CHECK HERE IF FORMULARY LISTED GENERIC EQUIVALENT IS UNACCEPTABLE

DO NOT
WRITE
IN
THIS
SPACE