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

PATIENT CONTROLLED ANALGESIA
PHYSICIAN'S ORDER SHEET

MEDICATION ORDERS
- Discontinue all other narcotics or sedatives except as ordered by APMS physician/cli/worker with PCA** Service. Patient on []  Nursing PCA Service
- Orders to continue, change, or discontinue [] STC APMS Service PCA** therapy by APMS/PCA** Service only [] UMMS APMS Service

**Prepared in [] 200 mL or [] ______ mL 0.9% Sodium Chloride (PE**)

IV  [] Subcut

ALGESIC

[] Morphine PCA** 1 mg/mL**
[] Hydromorphone PCA** 0.2 mg/mL**
[] Other Drug: ____________________________

PUMP SETTINGS
1. Program: [] PCA Mode [] Cont. [] PCA only [] Both (Cont. + PCA)
2. Select: [] mL
3. Rate (continuous) __________ mL/hr
4. Loading Dose: __________ mL ______ mg/kg (circle one)
5. PCA Dose: __________ mL ______ mg/kg (circle one)
6. Lockout: ________ min
7. 4 or 11 hour Limit [] mL
8. Container Size: ________ mL
9. Air Sensitivity: ________ Hi ________ Mid ________ Low ________ Off

BOLUS / TITRATION ORDERS

UPWARD TITRATING:
- in PACU only

For / to pain uncooperative to patient (pain score > _____) and PCA use ≥ 4 times/hour, if RR ≥ _____ and sedation score < 2:
- Give morphine/hydromorphone/___________ (circle one) in _____ mcg/kg (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/kg (circle one). Within a 1 hour period not to exceed a maximum PCA dose of _____ mL ______ mcg/kg (circle one). T1 hour limit to equal 4 PCA doses plus the continuous rate
- After reaching maximum PCA dose of _____ mL ______ mcg/kg (circle one), may titrate the baseline rate up by _____ mL ______ mcg/kg (circle one). Within a 1 hour period not to exceed a maximum continuous rate of _____ mL ______ mcg/kg (circle one) per hour. T1 hour limit to equal 4 Bolus doses plus the baseline rate.

SIDE EFFECT PROPHYLAXIS AND THERAPY

NAUSEA / VOMITING
- Promethazine/meperidine/dopramelazine/oleandramine: mg.
- IV/INF Push/IV over 20 minutes (circle) q ______ hours PRN while on PCA**. Call APMS/PCA** Service if initiated ≥ 24 hours after PCA** start up.

SPINAL MIGRAINE (On face after trunk without a rash)
- Dihydroergotamine mg.
- IV/INF Push/IV over 20 minutes (circle) q ______ hours PRN while on PCA**

RESPIRATORY MANAGEMENT
- For respiratory rate <15 R R ≤ 8 yr. <12 R R ≤ 10 yr. ≤ 10 R R ≤ 15 yr.
- 1) Stop PCA** by pressing Off button and remove PCA** from patient's reach.
   2) Give remifentanil mcg/kg (circle one) IV push. May repeat q 5 min, for respiratory rate <15 R R ≤ 8 yr. <12 R R ≤ 10 yr. ≤ 10 R R ≤ 15 yr.
   3) Page APMS physician/PCA** Service & Primary MD (circle).
   4) Frequency of respiratory assessment to at least 0.15 hr.

ADJUNCT MEDICATIONS
- Ketorolac/acetaminophen/buprenorphine mg. IV Push/IV over 20 minutes (circle) q ______ hours PRN or q ______ hours x 2 doses, then PRN (circle one) DIQ prn acetaminophen when acet/paracet begins.

CONSULTATION SERVICE
- APMS** (Beeper 477-7872) [] Stethoscope Pager 440-1300
- PCA** SERVICE (Beeper 7102) DATE TIME
- APMS = Acute Pain Management Service  PCA = Patient Controlled Analgesia
- STC = Stethoscope Carrier ** IV = Prescription Time

SIGNATURE ____________________________
PHYSICIAN #. NO. ____________________________

NURSE SIGNATURE ____________________________

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