DILAUDID PCA

PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

1. Mode - Select one
   PCA ___________; Continuous __________; PCA + Continuous __________;

2. PCA Dose = ml. (mg.)

3. Delay between injections minutes

4. Basal (continuous) Rate ml. (mg.) / hr

5. One Hour Limit ml. (mg.)

6. Initial Loading Dose ml. (mg.)

Doctor's Signature ____________________________, MD Date __________
Signature / Title __________________________________________ Date __________

7. Narcan 0.4 mg. _______________ 2 amps to be sent to floor

8. Hydromorphone (Dilaudid) 60 mg. / 60 ml. Normal Saline.

9. KVO IV must be maintained for duration of PCA Therapy.

10. Monitor respiratory rate, pulse, blood pressure, pain & LOC scores every
    30 minutes x 2 hours, then every 4 hours until PCA is discontinued.

11. Call Dr. ___________________________ or H.O. if patient complains of
    unrelieved pain, is difficult to arouse, is confused, or respiratory rate is
    < 12 per minute.

12. Instruct patient on proper use of PCA pump.

13. For drug compatibility questions, consult drug list or call Pharmacy.

Doctor's Signature ____________________________, MD Date __________
Signature / Title __________________________________________ Date __________

PART OF THE MEDICAL RECORD

USE BALL POINT PEN ONLY - PRESS FIRMLY