## PROVIDER’S ORDERS

Patient Name ____________________________
Medical Record # _______________ Date of Birth _______
Date of Surgery/Admission ________________________________

**PROVIDER’S ORDERS** 04/03/2012

### Diagnosis

**Allergies**

### Nursing

- **Assess and Document**
  - PCA:
    1. Assess and document pain rating, sedation level and respiratory rate every 2 hours; assess and document pain rating, sedation level and respiratory rate 30 minutes after any change in bolus dose.
    2. Include continuous oximetry and/or spot checks.
    3. Continuous suggested for elderly and debilitated patient and those with sleep apnea or cardiopulmonary issues.

- **Nurse To Discontinue PCA Postoperatively**
  - By 12 PM on postop day [_________] if able to tolerate PO pain meds. Nurse to begin pain management order(s) as written after PCA is discontinued. Release order(s) if they are Signed and Held.

- **Nurse To Discontinue PCA – Specify Timeframe:**
  - Specify timeframe: [_________].
  - Nurse to begin pain management order(s) as written after PCA is discontinued. Release order(s) if they are Signed and Held.

- **Discontinue PCA Medication**
  - Nurse to contact physician to discontinue PCA for severe pruritis, nausea, or respiratory depression.

- **Discontinue Medications**
  - For pruritis, nausea, or respiratory depressions when PCA is discontinued.

- **Begin Bowel Management Program**
  - 1. When patient tolerating clear liquids.
  - 2. See Medication Section – Bowel Management Program.
  - 3. Begin if no bowel movement within 24 hours.
  - 4. If impacted call physician for orders.

- **Insert Peripheral Line**
  - Nurse to insert and maintain peripheral IV line.

- **Nurse to Place IV Fluid Order for NaCl 0.9% IV Infusion 1000 mL**
  - If no other maintenance IV fluid currently ordered. Infuse TKO to maintain line patency. Discontinue when PCA discontinued.

- **Patient Should Not Receive Additional Parenteral Opiates While on PCA**
(30689) PROT Pain PCA Adult Patient Controlled Analgesia

Respiratory

☐ Oxygen
PRN to keep SaO2 greater than 90%.

☐ Consult to Respiratory Care (RCAT)
Follow site specific protocol.

☐ Oximetry - Continuous
Follow site specific protocol.

Medications – PCA (Single Select Section)
Continuous infusion recommended ONLY if opioid TOLERANT – this is defined as taking narcotics continually for at minimum the past week

☐ morphine PCA – opioid NAIVE
PATIENT CONTROLLED ANALGESIA, Intravenous.
Final concentration = 1 mg/ml
Loading Dose: [ ] mg (suggested 2 mg, range 2-5 mg) for 1 dose
PCA bolus dose: [ ] mg (suggested range 1-2 mg)
Lockout interval: [ ] min (suggested range 5-15 min)
Four hour dose limit: [ ] mg (suggested max 30 mg)

After 4 hours, if patient persistently complains of inadequate analgesia, check pump for malfunction, verify pump settings with orders and assess integrity of IV site. If IV is patent and PCA functioning properly, increase incremental PCA bolus dose setting by (increase one time only):

☐ 50% (round down to nearest tenth of mg).
☐ [ ] mg.

If patient becomes overly sedated with single PCA bolus dose, decrease PCA bolus dose by 50%.

Provider Initials

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Medical Record # _________________ Date of Birth _______
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<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐ HYDROMorphone (DILAUDID) PCA – opioid NAIVE</td>
<td>PATIENT CONTROLLED ANALGESIA, Intravenous. Final concentration = 1 mg/ml Loading Dose: [ ] mg (suggested 0.3 mg, range 0.1-0.4 mg) for 1 dose. PCA bolus dose: [ ] mg (suggested range 0.1-0.4 mg) Lockout interval: [ ] min (suggested range 5-15 min) Four hour dose limit: [ ] mg (Suggested max 6 mg). After 4 hours, if patient persistently complains of inadequate analgesia, check pump for malfunction, verify pump settings with orders and assess integrity of IV site. If IV is patent and PCA functioning properly, increase incremental PCA bolus dose setting by (increase one time only): ☐ 0.1 mg ☐ [ ] mg If patient becomes overly sedated with single PCA bolus dose, decrease PCA bolus dose by ☐ 0.1 mg ☐ [ ] mg</td>
</tr>
<tr>
<td>☐ fentaNYL (SUBLIMAZE) PCA – opioid NAIVE</td>
<td>PATIENT CONTROLLED ANALGESIA, Intravenous. Final concentration = 50 mcg/ml Loading Dose: [ ] mcg (Suggested 20 mcg) for 1 dose PCA bolus dose: [ ] mcg (Suggested range 10-20 mcg) Lockout interval: [ ] min (Suggested range 5-10 min) Four hour dose limit: [ ] mcg (Suggested max 400 mcg). After 4 hours, if patient persistently complains of inadequate analgesia, check pump for malfunction, verify pump settings with orders and assess integrity of IV site. If IV is patent and PCA functioning properly, increase incremental PCA bolus dose setting by (increase one time only): ☐ 50% ☐ [ ] mcg If patient becomes overly sedated with single PCA bolus dose, decrease PCA bolus dose by 50%.</td>
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<td>☐ morphine PCA – opioid TOLERANT – continuous infusion used <em>ONLY</em> if taking narcotics continually for</td>
<td>PATIENT CONTROLLED ANALGESIA, Intravenous. Reason(s) for using TOLERANT PCA dosing:</td>
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Provider Initials

Patient Name _______________________________ Medical Record # ______________ Date of Birth ________ Date of Surgery/Admission _____________________________

PROVIDER’S ORDERS 04/03/2012
PROT Pain PCA Adult Patient Controlled Analgesia

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<td>03/04/2012</td>
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- Patient taking narcotics continually for the past week
- Other: _________________________________
- Comments: [ ]

Final concentration = 1 mg/ml.

- Loading Dose: [ ] mg (suggested 2 mg, range 2-5 mg) for 1 dose
- PCA bolus dose: [ ] mg (suggested range 1-2 mg)
- Lockout interval: [ ] min (suggested range 5-15 min)

- Continuous Infusion Rate: zero mg/hr., suggested range 0.5-2 mg/hr)
- Four hour dose limit: [ ] mg (suggested max 30 mg)

After 4 hours, if patient persistently complains of inadequate analgesia, check pump for malfunction, verify pump settings with orders and assess integrity of IV site. If IV is patent and PCA functioning properly, increase incremental PCA bolus dose setting by (increase one time only):
- 50% (round down to nearest tenth of mg).
- [ ] mg.

If patient becomes overly sedated with single PCA bolus dose, turn off continuous infusion and decrease PCA bolus dose by 50%.

- HYDROMorphone (DILAUDID) PCA – opioid TOLERANT – continuous infusion used *ONLY* if taking narcotics continually for the past week
- PATIENT CONTROLLED ANALGESIA, Intravenous.
- Reason(s) for using TOLERANT PCA dosing:
- patient taking narcotics continually for the past week

Provider Initials

Patient Name ____________________________
Medical Record # __________ Date of Birth _______
Date of Surgery/Admission ____________________________

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**PROT Pain PCA Adult Patient Controlled Analgesia**

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<td>Final concentration = 1 mg/ml.</td>
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<td>PCA bolus dose: [ ] mg (suggested range 0.1-0.4 mg)</td>
<td>Loading Dose: [ ] mg (suggested 0.3 mg, range 0.1-0.4 mg) for 1 dose.</td>
</tr>
<tr>
<td>Lockout interval: [ ] min (suggested range 5-15 min)</td>
<td>PCA bolus dose: [ ] mg (suggested range 0.1-0.4 mg)</td>
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<th>Continuous Infusion Rate: zero mg/hr, suggested range 0.1-0.4 mg/hr)</th>
<th>Lockout interval: [ ] min (suggested range 5-15 min)</th>
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<td>Four hour dose limit: [ ] mg (Suggested max 6 mg).</td>
<td>Continuous Infusion Rate: zero mg/hr, suggested range 0.1-0.4 mg/hr)</td>
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After 4 hours, if patient persistently complains of inadequate analgesia, check pump for malfunction, verify pump settings with orders and assess integrity of IV site. If IV is patent and PCA functioning properly, increase incremental PCA bolus dose setting by (increase one time only):

- 0.1 mg
- [ ] mg

If patient becomes overly sedated with single PCA bolus dose, turn off continuous infusion and decrease PCA bolus dose by:

- 0.1 mg
- [ ] mg

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<td></td>
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<td>Comments:[ ]</td>
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| □ Other: _________________________________ | □ Other: _________________________________ |
| Comments:[ ] | Comments:[ ] |

**Provider Initials**
Final concentration = 50 mcg/ml
Loading Dose: [ ] mcg (Suggested 20 mcg) for 1 dose
PCA bolus dose: [ ] mcg (Suggested range 10-20 mcg)
Lockout interval: [ ] min (Suggested range 5-10 min)

Continuous Infusion Rate: zero mg/hr (if opioid tolerant, suggested range 10-20 mcg/hr)
Four hour dose limit: [ ] mcg (suggested max 400 mcg).

After 4 hours, if patient persistently complains of inadequate analgesia, check pump for malfunction, verify pump settings with orders and assess integrity of IV site. If IV is patent and PCA functioning properly, increase incremental PCA bolus dose setting by (increase one time only):

☐ 50%
☐ [ ] mcg

If patient becomes overly sedated with single PCA bolus dose, turn off continuous infusion and decrease PCA bolus dose by 50%.

Opioid Antagonist

☑ naloxone (NARCAN) IV

Q3 MIN PRN, Intravenous, Dose: 0.08 mg. PRN if respiratory rate is < 8/min or patient is difficult to arouse.

- Give 0.08 mg (0.2 mL) every 3 minutes and repeat up to 0.4 mg total (1 mL) or until patient is responsive to physical stimulation and is able to take deep breaths.
- Continue to observe, if no response within 3 minutes of administration of 0.4 mg total, repeat dose (0.4 mg as administered previously) and notify physician STAT.

IV Antihistamines (Single Select Section)

☐ diphenhydrAMINE (BENADRYL) IV

Q6H PRN, Intravenous, Dose: 25 mg, PRN for itching.

☐ diphenhydrAMINE (BENADRYL) IV - for patients greater than 65 y.o. or less than 50 kg

Q6H PRN, Intravenous, Dose: 12.5 mg, PRN for itching.

Oral Antihistamines (Single Select Section)

☐ diphenhydrAMINE (BENADRYL) PO

Q6H PRN, Oral, Dose: 25 mg, PRN for itching.

☐ diphenhydrAMINE (BENADRYL) PO - for patients greater than 65 y.o. or less than 50 kg

Q6H PRN, Oral, Dose: 12.5 mg, PRN for itching.

IV Antiemetics (Select All 3)

☐ Provider Initials

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<tr>
<th>Meds</th>
<th>Route</th>
<th>Dosage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ondansetron (ZOFRAN) IV</td>
<td>IV</td>
<td>Q6H PRN, 4 mg PRN</td>
<td>First choice for nausea/vomiting. If ineffective, consider droperidol.</td>
</tr>
<tr>
<td>droperidol (INAPSINE) IV</td>
<td>IV</td>
<td>Q6H PRN, 0.625 mg PRN</td>
<td>Maximum dose 2.5 mg in 24 hours. If ineffective, consider prochlorperazine.</td>
</tr>
<tr>
<td>prochlorperazine (COMPAZINE) IV</td>
<td>IV</td>
<td>Q6H PRN, 10 mg PRN</td>
<td>Third choice for nausea/vomiting. If ineffective, contact physician.</td>
</tr>
<tr>
<td>Prochlorperazine (COMPAZINE) PO</td>
<td>Oral</td>
<td>Q6H PRN, 10 mg PRN</td>
<td>For nausea/vomiting.</td>
</tr>
<tr>
<td>Prochlorperazine (COMPAZINE) PR</td>
<td>Rectal</td>
<td>Q12H PRN, 25 mg PRN</td>
<td>For nausea/vomiting.</td>
</tr>
<tr>
<td>Docusate-senna (SENOKOT-S) PO</td>
<td>Oral</td>
<td>BID, 1-4 tablets PRN</td>
<td>Begin when tolerating clear liquids.</td>
</tr>
<tr>
<td>Milk of magnesia PO</td>
<td>Oral</td>
<td>BEDTIME PRN, 30 mL PRN</td>
<td>Give POD#1 if no bowel movement within 24 hours of initiation of SENOKOT-S.</td>
</tr>
<tr>
<td>Milk of magnesia PO</td>
<td>Oral</td>
<td>BEDTIME PRN, 30-60 mL PRN</td>
<td>PRN for constipation. Starting POD#2.</td>
</tr>
<tr>
<td>Bisacodyl (DULCOLAX) PR</td>
<td>Rectal</td>
<td>ONE TIME PRN, 10 mg PRN</td>
<td>PRN for constipation. Give if no bowel movement by the evening.</td>
</tr>
</tbody>
</table>

### Additional Orders

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