Chart Copy

HOSPITAL

PHYSICIAN ORDER FORM

PHYSICIANS: All orders should be written generically and using the Metric System; include the physician's signature, PRINTED name, ID Number, beeper number and the date/time. A generically and therapeutically alternative drug as approved by the P & T Committee may be dispensed unless the order is specifically designated "Dispense as Written"."

Form Approved by Medical Record Informatics Technology Committee: ___(Revision 08/06)_____

FAX ☐ TITLE: STANDARD IV PCA (PATIENT CONTROLLED ANALGESIA) ORDER FORM

Adults and Children over 5 years of age

MUST USE STANDARD IV PCA DEVICE.

DATE	
TIME	**(PLEASE CIRCLE OR CHECK APPROPRIATE ORDERS AND FILL IN BLANKS AS NEEDED)**

DIAGNOSIS: PATIENT WEIGHT (kg): ALLERGIES:

1. PCA is being managed by (check):
☐ RAAPM (REGIONAL ANESTHESIA ACUTE PAIN MANAGEMENT) ☐ Service

_____ Pager _____ Pager

2. PCA indication: ☐ Postoperative Pain ☐ Cancer-related Pain ☐ Other _____

3. Drug: ☐ Morphine 1 mg/ml ☐ Hydromorphone 0.2 mg/ml ☐ Fentanyl 10 mcg/ml

4. Continuous infusion rate **0 ml/h** (**NO CHANGES ALLOWED**) *(See guidelines and policy)

5. Demand dose: _____ ml (Maximum dose = 4 ml)

6. Demand dose lockout: _____ (Time delay between doses)

7. One hour limit: _____ ml (Maximum dose = 12 ml)

8. Reservoir volume: 50 ml (Use 25 ml bag if patient ≤ 20 kg)

9. Adjuvant analgesic in addition to IV PCA (CHECK BOX AND CIRCLE DOSE BELOW):
☐ Acetaminophen 650 mg OR 1000mg OR _____mg po q6h for pain.
☐ Other_____

10. NURSING:
- monitor and record respiratory rate, Sao2, and level of consciousness every two (2) hours for 12 hours upon PCA initiation or dose change, then every four (4) hours;
- record pain location and intensity every four (4) hours;
- Naloxone is located in the ACCUDOSE or CRASH CART if needed;
- notify HOUSE OFFICER **STAT**, if respiratory rate < 10/min, unable to arouse patient, or change in mental status.

Patient is on a patient-controlled analgesia device. All physician orders for additional opioid (narcotic) analgesics or sedative/hypnotics must be written ***"IN ADDITION TO CURRENT IV PCA, give _____mg of _____ IV or PO."***

DATE:	TIME:		
Physician Computer ID #	Physician SIGNATURE:	PRINT Physician NAME:	Beeper #:
Unit Secretary SIGNATURE:	TIME Sent to Pharmacy:	**RN SIGNATURE:**	