

Penrose-St. Francis
Health Services



Centura Standardized PCA Order Set

Implementation Date 12/17/2012

**For questions, please contact:
Dan Chatelain, PSF Pain Management
Alison Schlang, Pharmacy Clinical Manager**

From the old to the new...

- PSF PCA Orders going away
 - PCA: Morphine, Dilaudid Dept Orders #127
 - Contained standard dosing and custom dosing options
 - PCA: Fentanyl Dept Orders #408
 - Contained standard dosing option only
- Centura Standardized Order set
 - Pt Controlled Analgesia PCA
 - Morphine & Dilaudid have standard dose and low dose options, plus custom dosing option
 - Fentanyl PCA has standard dose and custom dosing option
 - ❖ If not specified by LIP, pharmacy will default to standard dose
 - All three PCAs on one single order set

Centura Standardized PCA Orders

- Implementation date = 12/17/2012
- Located in Meditech Forms
- *Order Sets and Protocols\Centura Standardized Order Sets**SMC,STM,PSF\Anesthesiology folder*
- Additional changes with Centura Standardized Order Set
- Pulse ox and vital signs orders per facility policy
- Naloxone dosing (0.4 mg mixed in 9 ml NS)
 - 0.04 MG IV PUSH EVERY 1 MINUTE AS NEEDED RESPIRATORY DEPRESSION If respiration rate less than 8, RASS is -2 or less, treat with naloxone and consider calling rapid response. Dilute one vial naloxone (0.4 mg/ml) with 9 ml NS for a total of 10 ml. Administer 0.04 mg (1 ml) IVP. Observe for 1 minute. If no improvement, repeat 0.04 mg (1 ml) naloxone every 1 minute until desired response achieved or maximum of 2 mg administered.

Nursing Orders

- * Pulse Ox Continuous During PCA administration. After PCA discontinuation, until oxygenation is stable and there are no other clinical reasons to continue monitoring. Follow facility specific policy for discontinuation of pulse oximetry.
- * VS Vital Signs per facility .specific policy

Morphine Dosing

- Standard dose
 - PCA Dose: Begin at 1 mg per demand dose. No continuous rate.
 - Initial Lockout Interval: 10 minutes
 - May increase demand dose up to 2 mg per dose after 1 hour as needed for uncontrolled pain.
 - May decrease lockout interval to 8 minutes after 1 hour as needed for uncontrolled pain.
 - Nursing may Bolus: 2 mg every 1 hour as needed for uncontrolled pain.

Morphine Dosing

- Low dose (for elderly/narcotic sensitive patients)
 - PCA Dose: Begin at 0.5 mg per demand dose. No continuous rate.
 - Initial Lockout Interval: 10 minutes
 - May increase demand dose up to 1 mg after 1 hour as needed for uncontrolled pain.
 - May decrease lockout interval to 8 minutes after 1 hour as needed for uncontrolled pain.
 - Nursing may Bolus: 1 mg every 1 hour as needed for uncontrolled pain.

Morphine Dosing

- Custom dose

- Loading Dose: _____ mg times 1 dose (suggested range 1 to 3 mg)
- PCA Dose: Begin at ____ mg (suggested range 1 to 2 mg) per demand dose.
- Initial Lockout Interval: ____ minutes (suggested 10 minutes).
- May increase demand dose up to ____ mg (suggested 1 mg increments) after 1 hour as needed for uncontrolled pain.
- May decrease lockout interval to ____ minutes (suggested 8 minutes) after 1 hour as needed for uncontrolled pain.
- Nursing may Bolus: ____ mg (suggested 2 to 4 mg) every 1 hour as needed for uncontrolled pain.
- Continuous Rate: ____ mg/hr (0 to 2 mg/hr, not suggested in narcotic sensitive patients).

Hydromorphone Dosing

- Standard dose
 - PCA Dose: Begin at 0.2 mg per demand dose. No continuous rate.
 - Initial Lockout Interval: 10 minutes
 - May increase demand dose up to 0.3 mg per dose after 1 hour as needed for uncontrolled pain.
 - May decrease lockout interval to 8 minutes after 1 hour as needed for uncontrolled pain.
 - Nursing may Bolus: 0.5 mg every 1 hour as needed for uncontrolled pain.

Hydromorphone Dosing

- Low Dose (for elderly/narcotic sensitive patients)
 - PCA Dose: Begin at 0.1 mg per demand dose. No continuous rate.
 - Initial Lockout Interval: 10 minutes
 - May increase demand dose up to 0.2 mg per dose after 1 hour as needed for uncontrolled pain.
 - May decrease lockout interval to 8 minutes after 1 hour as needed for uncontrolled pain.
 - Nursing may Bolus: 0.3 mg every 1 hour as needed for uncontrolled pain.

Hydromorphone Dosing

- Custom dose

- Loading Dose: _____ mg times 1 dose (suggested range 0.2 to 0.4 mg)
- PCA Dose: Begin at ____ mg (suggested range 0.1 to 0.3 mg) per demand dose.
- Initial Lockout Interval: ____ minutes (suggested 10 minutes).
- May increase demand dose up to ____ mg (suggested 0.1 to 0.2 mg increments) per dose after 1 hour as needed for uncontrolled pain.
- May decrease lockout interval to ____ minutes (suggested 8 minutes) after 1 hour as needed for uncontrolled pain.
- Nursing may Bolus: ____ mg (suggested 0.2 to 0.4 mg) every 1 hour as needed for uncontrolled pain.
- Continuous Rate: ____ mg/hr (0 to 0.2 mg/hr, not suggested in narcotic sensitive patients).

Fentanyl Dosing

- Standard dose

- PCA Dose: Begin at 10 mcg per demand dose. No continuous rate.
- Initial Lockout Interval: 10 minutes
- May increase demand dose by 10 mcg per dose after 1 hour, up to 30 mcg per dose as needed for uncontrolled pain.
- May decrease lockout interval to 8 minutes after 1 hour as needed for uncontrolled pain.
- Nursing may Bolus: 25 mcg every 30 minutes as needed for uncontrolled pain.

Fentanyl Dosing

- Custom dose

- Loading Dose: _____ mcg times 1 dose (suggested range 10 to 30 mcg)
- PCA Dose: Begin at ____ mcg (suggested range 10 to 20 mcg) per demand dose.
- Initial Lockout Interval: ____ minutes (suggested 10 minutes).
- May increase demand dose up to ____ mcg (suggested 10 to 20 mcg increments) per dose after 1 hour as needed for uncontrolled pain.
- May decrease lockout interval to ____ minutes (suggested 8 minutes) after 1 hour as needed for uncontrolled pain.
- Nursing may Bolus: ____ mcg (suggested 25 mcg) every _____ (suggested 15 to 30 minutes) as needed for uncontrolled pain.
- Continuous Rate: ____ mcg/hr (0 to 20 mcg/hr, not suggested in narcotic sensitive patients).

Summary

- All photocopied, outdated forms that are being used and stockpiled in the Downtime boxes within each department should be disposed of.
- The Patient Controlled Analgesia PCA order set can be found in Meditech Forms: *Order Sets and Protocols\Centura Standardized Order Sets**SMC,STM,PSF\Anesthesiology folder.*