

Form Title      **PCA Adult Standard Order Set**

Form Number   **21524Bond**

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## PCA Adult Standard Order Set

Select orders by placing a (✓) in the associated box

Prior to utilizing this order set, ensure all previous opioid, sedatives and antiemetic orders are discontinued.

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

### Vital Signs Protocol – PCA

- Vital Signs: Monitor every 1 hours x 4 hours, **then** every 2 hours x 8 hours **then** every 4 hours for duration of infusion.
- Pain Score: every 1 hours x 4 hours **then** every 2 hours x 8 hours, **then** every 4 hours for duration of infusion.

### Patient Care Interventions

- Nursing Communication: Prior to starting PCA, review all previous analgesic, antiemetic, antipruritic and sedation orders with ordering service.
- In and Out catheter PRN for urinary retention

### Respiratory Interventions

#### Oxygen Therapy Notes:

- For Acute Stroke and Acute Coronary Syndromes, don't apply supplemental oxygen unless SpO2 is under 90%
- For Acute Coronary Syndromes and known CO2 Retainers, use supplemental oxygen conservatively

#### Oxygen Therapy:

- Titrate Oxygen to maintain Saturation range of 92% to 96%, including Pregnancy and Acute Stroke:

#### Oxygen Therapy: Known CO2 Retainer

- Titrate Oxygen to maintain Saturation range of 88% to 92%

#### Oxygen Therapy: Acute Coronary Syndromes

- Titrate Oxygen to maintain Saturation range of 90% to 92%

#### High Flow, High Percentage Oxygen Therapy Required: For Example Carbon Monoxide Poisoning

- Treat with high flow, high percent oxygen, preferably 100% by partial non- rebreather mask

### Blood Gas

#### Consider ABG if Patient:

- Is critically ill
- Shows signs of carbon dioxide retention (e.g. acute breathlessness or drowsiness, increased respiratory rate)
- Is at risk of metabolic conditions
- Unexpected or inappropriate drop below 94% SpO2 while patient is awake
- Increased breathlessness or drop of less than or equal to 3% SpO2 when patient with chronic hypoxemia was previously stable

- Blood Gas Arterial
- Blood Gas Arterial POCT
- Blood Gas Venous
- Blood Gas, Venous POCT

Prescriber Signature

Date *(dd-Mon-yyyy)*

Time *(hh:mm)*

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### Notify

Notify Attending Service for all problems and orders related to pain, sedation, nausea and vomiting, and pruritus.

**OR**

Notify Acute Pain Service for all problems and orders related to pain, sedation, nausea and vomiting, and pruritus.

### Consults/Referrals

Inpatient consult to Acute Pain Service/Pain Management

### IV Maintenance

Intravenous Cannula – Insert: Initiate IV

Saline lock IV

### IV Fluid Infusions

lactated Ringers Infusion at \_\_\_\_\_ mL/hour

sodium chloride 0.9% Infusion at \_\_\_\_\_ mL/hour

### Medications

#### Analgesics and Antipyretics - PCA Bolus Only (Standard) Options

**Choose One**



*Suggest starting Hydromorphone PCA dose 0.2 mg with 6 min lockout and 6 mg four hour dose limit*

HYDRomorphone PCA Bolus Only

HYDRomorphone 100 mg in NaCl 0.9% 100 mL (1 mg/mL) PCA infusion

PCA dose: \_\_\_\_\_ mg  0.1 mg  0.2 mg  0.3 mg  0.4 mg

PCA Lockout: \_\_\_\_\_ mins  10 mins  8 mins  6 mins

Four hour dose limit \_\_\_\_\_ mg

*Suggest starting morphine PCA dose 1 mg with 6 min lockout and 30 mg four hour dose limit*

morphine PCA Bolus Only

morphine 500 mg in NaCl 0.9% 100 mL (5 mg/mL) PCA bolus infusion

PCA dose: \_\_\_\_\_ mg  0.5 mg  1 mg  1.5 mg  2 mg

PCA Lockout: \_\_\_\_\_ mins  10 mins  8 mins  6 mins

Four hour dose limit \_\_\_\_\_ mg

*Suggest starting fentanyl PCA dose 15 mcg with 6 min lockout*

fentaNYL PCA Bolus Only

fentaNYL 1,250 mcg in NaCl 0.9% 50 mL (25 mcg/mL) PCA bolus infusion

PCA dose: \_\_\_\_\_ mcg  10 mcg  15 mcg  20 mcg  25 mcg

PCA Lockout: \_\_\_\_\_ mins  10 mins  8 mins  6 mins  5 mins

Four hour dose limit \_\_\_\_\_ mcg

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### Medications

#### Analgesics and Antipyretics - Adjuvants

Recommend starting at low doses and/or increased time intervals for elderly and opioid naïve patients

#### Acetaminophen

Recommended standard dosing: 325 to 1000 mg.

#### Choose One

(if applicable)



- acetaminophen 650 mg PO every 6 hours. Maximum 4000 mg/day.
- acetaminophen tab 1000 mg, PO every 6 hours Maximum 4000 mg/day.

#### NSAIDs

Caution is advised if ordering NSAIDs on patients with indwelling neuraxial catheters who are also receiving subcutaneous heparin

#### Choose One

(if applicable)



- celecoxib cap 200 mg, PO, BID  
*Recommended standard dose range: 200-600 mg*
- ibuprofen tab 400 mg, PO, every 6 hours Maximum 3200 mg/day.
- naproxen tab 500 mg PO BID with meals
- diclofenac tab 50 mg PO BID with meals  
*Recommended standard dosing 25 to 50 mg. Suggested maximum 200 mg/day.*
- indomethacin 25 mg PO TID
- ketorolac 10 mg IV every 6 hours

#### Antipruritics – PRN

Naloxone recommended standard dose is 0.02 to 0.04 mg.

- naloxone 0.02 mg IV every 2 hours PRN for pruritus.

Nalbuphine may cause sedation and/or respiratory depression in the elderly (over the age of 60). Consider limiting the dose to 2.5 mg every three hours or use IV naloxone instead.

- nalbuphine 2.5 mg IV every 3 hours PRN for pruritus.

Diphenhydramine recommended standard dose is 10 to 50 mg. Maximum daily dose 400 mg.

- diphenhydrAMINE 25 mg IV every 4 hours PRN for pruritus.

#### Antiemetics – PRN

- ondansetron 4 mg IV every 8 hours PRN for nausea & vomiting
- haloperidol 0.5 to 1 mg IV every 4 hours PRN for nausea & vomiting. Maximum 6 mg/day.
- metoclopramide 10 mg IV every 4 hours PRN for nausea & vomiting.

Dimenhydrinate recommended standard dose is 12.5 to 50 mg. Avoid use in elderly

- dimenhyDRINATE \_\_\_\_\_ mg IV every 4 hours PRN for nausea & vomiting

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### Bowel Management

#### Patient Care

- Stool chart
- Notify MRHP if patient has not had a bowel movement (BM) for 48 hours
- Notify MRHP if diarrhea develops and hold bowel routine. *Consider seepage or overflow diarrhea may occur with severe constipation*

#### Medications - Laxatives

*Goal is to maintain usual bowel habits and encourage adequate fluid intake. If no routine, aim for bowel movement daily/every other day.*

#### Constipation Prevention

*Select at least 1 prevention agent*

- polyethylene glycol 3350 powder for oral solution 17 g PO daily

*as long as fluid intake and hydration are adequate:*

- psyllium mucilloid powder, 1 packet PO daily
- sennosides 1-2 tabs PO at bedtime PRN for constipation
- fruit laxative 1-3 tabs PO TID with meals PRN for constipation

#### Constipation Treatment – 1<sup>st</sup> line

*To be given if no BM in the past 24 hours*

- polyethylene glycol 3350 powder for oral solution 17 g PO daily PRN for constipation

#### Constipation Treatment – 2<sup>nd</sup> line

*To be given if no BM in the past 48 hours*

- polyethylene glycol 3350 powder for oral solution 17 g PO BID PRN for constipation

#### Constipation treatment – 3<sup>rd</sup> line

*Select agent to be given if no BM in the past 48-72 hours*

- glycerin adult 1 supp RECTALLY daily PRN for constipation
- lactulose liquid 15-30 mL PO TID PRN for constipation
- tap water enema RECTALLY daily PRN for constipation, until adequate elimination if glycerin suppository ineffective after 24 hours
- sodium citrate– sodium lauryl sulfoacetate – sorbitol enema ; 1 enema RECTALLY once PRN for constipation

#### Consults/Referrals

- Inpatient Consult to Nutrition Services, for alternative fiber options

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### Naloxone Protocol Adult

#### Notify

- Notify Most Responsible Health Practitioner (MRHP) when respiratory rate less than 8 per minute and Sedation Level 4.

#### Vital Signs

- Vital Signs: When respirations less than 8 per minute and sedation level 4 as per local Naloxone Protocol monitor pulse, respirations, oxygen saturation, pain score, sedation level, blood pressure every 5 minutes for 30 minutes **and then** every 15 minutes for one hour **and then** PRN.

#### Central Nervous System Agents

- naloxone 0.1 mg Direct IV every 3 minutes PRN for respiratory rate less than 8 per minute and sedation level 4. Maximum 4 doses. Give first dose STAT.

#### OR

- naloxone 0.2 mg SUBCUTANEOUSLY every 10 minutes PRN for respiratory rate less than 8 per minute and sedation level 4 AND No IV access. Maximum 4 doses. Give first dose STAT.

#### OR

- naloxone 0.2 mg intramuscularly (IM) every 10 minutes PRN for respiratory rate less than 8 per minute and sedation level 4 AND No IV access. Maximum 4 doses. Give first dose STAT.

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