Patient Controlled Analgesia (PCA) Orders

Allergies: ___________________________  Weight: ___________________________

1. Medications (check one): 
   - Morphine 1 mg/mL
   - Dilaudid (HYDROMorphone) 0.2 mg/mL

2. PCA dose: __________ mg
   Suggested dose – Morphine 0.5 – 2 mg (0.5 – 2 mL)
   Dilaudid (HYDROMorphone) 0.1 – 0.2 mg (0.5 – 1 mL)

3. Lockout Interval: __________ minutes
   Suggested lockout: 5 – 10 minutes

4. Continuous Basal Rate (if desired): __________ mg/hr
   Suggested basal rate – Morphine 0.5 1.0 mg/hr (0.5 – 1 mL)
   Dilaudid (HYDROMorphone) 0.1 – 0.2 mg/hr (0.5 – 1 mL)

5. Maximum mg / Hour: __________ mg
   Suggested maximum – Morphine 6 mg
   Dilaudid 1.2 mg

6. Four-Hour Limit (Optional): __________ mg

7. Loading Dose (optional): __________ mg
   Suggested loading dose – Morphine 1 – 5 mg (1 – 5 ml)
   Dilaudid (HYDROMorphone) 0.1 – 0.2 mg (0.5 – 1 ml)

MONITOR RESPIRATORY RATE EVERY HOUR IF ON A CONTINUOUS BASAL RATE.

NOTIFY PHYSICIAN IF RESPIRATIONS DROP TO 12 OR BELOW.

IF RESPIRATION IS 8 OR BELOW:
   _______ STOP PCA AND GIVE NARCAN (NALOXONE) 0.2 MG IV STAT
   _______ GIVE O2 AT _____ L/MIN.

Double check medication in syringe and pump settings with another nurse.

Chart number of doses given and amount of medication on flow sheet at least every 8 hours.

A new order must be obtained for a PCA after 72 hours.

If patient persistently complains of inadequate analgesia, check integrity of IV site.

Monitor blood pressure, heart rate, respiration rate, sedation status, and pain status per routine post-op orders.

Fill out drug wastage on flow sheet and return a copy to the pharmacy.

_____________________________  ______________________________  _____________
Physician’s Signature          Nurse’s Signature          Date/Time