

WESTERN MARYLAND HEALTH SYSTEM
Medication Administration Record

INTRAVENOUS PATIENT CONTROLLED ANALGESIA (PCA)

Date: _____

Medication Order	Sched Times	0701-1500	1501-2300	2301-0700
NARCOTIC INFUSION TYPE: _____ Concentration: _____mg/mL Reservoir size: _____mL				
BASAL/CONTINUOUS INFUSION RATE: _____mg/hour or _____mL /hour				
PCA/DEMAND DOSE : _____ mg				
LOCKOUT INTERVAL : _____ minutes				
MAX DOSES per hour: _____				
Keep IV open with Lactated Ringers at _____mL/hour if no other IV fluids running.				
If respiratory rate \leq 10/minute, or if patient is not easily awakened give: Naloxone (Narcan®) 0.2mg IV. If no response in 2 minutes, may give second dose of 0.2mg IV, and call anesthesia.				
FOR ITCHING: Diphenhydramine (Benadryl®) 25mg IV every 4 hours, as needed				
If itching persists after 2 doses of Diphenhydramine (Benadryl®), give: Nalbuphine (Nubain®) 2.5 mg SQ every 6 hours as needed.				
If itching continues after 2 doses of Nalbuphine (Nubain®), give Naloxone (Narcan®) 0.08 mg (1mL) IV (Dilute 0.4mg Naloxone (Narcan®) with 4mL 0.9% Sodium Chloride in 5mL syringe) May repeat x1 in 5 minutes.				
FOR NAUSEA: Ondansetron (Zofran®) 4mg IV slowly, if no response, may repeat once in 30 minutes.				
If nausea persists after 2 doses of Ondansetron (Zofran®), give; Metoclopramide (Reglan®) 10mg IV slowly over 2 minutes. If no response, may repeat once in 3 hours.				
If nausea continues after 2 doses of Metoclopramide (Reglan®), give; Prochlorperazine (Compazine®) 5mg IV every 4 hours as needed.				
Keep ampule of Naloxone (Narcan®) 0.4mg/mL and 3mL syringe with needle readily available				
DO NOT give other narcotics or sedatives while patient is receiving this narcotic infusion				
SIGNATURE	INIT.	SIGNATURE	INIT.	

