

WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS	CHECK OFF/ INITIALS
INTRAVENOUS PATIENT CONTROLLED ANALGESIA ORDERS (PCA)	
1. Narcotic infusion type: _____ and concentration: _____ mg/mL	
2. Reservoir size: _____ mL	
3. Basal/continuous infusion rate: _____ mg/hour or _____ mL/hour	
4. PCA/demand dose: _____ mg	
5. Lockout interval: _____ minute(s)	
6. Max doses/hour:	
7. Keep Intravenous open with Lactated Ringers at _____ mL/hour if no other Intravenous fluids running.	
8. Ampule of Naloxone (Narcan®) 0.4 mg/mL and 3 mL syringe readily available.	
9. Use patient analgesia monitoring sheet, if applicable.	
10. Check respiratory rate, blood pressure, level of sedation and analgesia, document every 15 minutes times four, every 30 minutes times two, every one hour times six, then every two hours until discontinued. If rate of administration is changed, observe patient, document findings as appropriate until patient is stable. Then resume every two hours. If respiratory rate less than or equal to 10/minute, or patient not easily awakened, give Naloxone (Narcan®) 0.2 mg intravenous. If no response in two minutes, may give second dose of 0.2mg intravenous and call Anesthesia.	
11. For Itching:	
a. Diphenhydramine (Benadryl®) 25 mg Intravenous every four hours as needed.	
b. If itching persists after 2 doses of Diphenhydramine (Benadryl®), give Nalbuphine (Nubain®) 2.5mg Subcutaneous every six hours as needed.	
c. If itching continues after 2 doses of Nalbuphine (Nubain®), give Naloxone (Narcan®) 0.08 mg (1 mL) Intravenous, (dilute 0.4 mg Naloxone (Narcan®) with 4 mL 0.9% Sodium Chloride in 5 mL syringe). May repeat x 1 in 5 minutes.	
12. For Nausea:	
a. Ondansetron (Zofran®) 4 mg Intravenous slowly, if no response, may repeat once in 30 minutes.	
b. If nausea persists after 2 doses of Ondansetron (Zofran®), give Metoclopramide (Reglan®) 10 mg Intravenous slowly over 2 minutes, if no response, may repeat once in 3 hours.	
c. If nausea continues after 2 doses of Metoclopramide (Reglan®), give Prochlorperazine (Compazine®) 5 mg Intravenous every four hours as needed.	
13. Do not give other narcotics or sedatives while patient is receiving this narcotic infusion.	
14. If there is a technical problem with PCA pump, call Intravenous Therapy.	
15. If patient complains of inadequate analgesia:	
a. Check Intravenous site.	
b. Review PCA use with patient and make sure PCA working properly.	
c. Notify CRNA or anesthesiologist on call by beeper.	
16. 24 hours after PCA discontinued, discontinue all orders for Naloxone (Narcan®), Ondansetron (Zofran®), Prochlorperazine (Compazine®), Nalbuphine (Nubain®), Diphenhydramine (Benadryl®), and Metoclopramide (Reglan®). Call primary physician for further pain medication orders.	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy