

## PCA – HYDROmorphine SHORT SET

### NURSING

- Notify Anesthesiologist for clarification of pain medications if patient on continuous epidural or received an epidural/intrathecal dose within the last 24 Hrs. (Refer to Continuous Epidural/Single Intrathecal Orders)

### RESPIRATORY

- Continuous pulse oximetry from initiation to discontinuation of PCA.  
 May only be off pulse oximetry for bathroom privileges, ambulation on the unit, and transports off the unit when RN accompanied transport is not required  
 No pulse oximetry – comfort care patient

### IV FLUIDS

- Sodium Chloride 0.9% 500 mL IV to run at 10 mL/Hr Prn if main line IV Fluid is not ordered.

### MEDICATIONS

#### Analgesic medications: Loading Dose

- HYDROmorphine 0.2 mg IV x 1 dose. If HYDROmorphine PCA syringe is not yet available, administer the loading dose IV Push. If HYDROmorphine PCA syringe is available administer loading dose from PCA syringe via IV pump. **or**  
 HYDROmorphine \_\_\_\_mg IV x 1 dose. If HYDROmorphine PCA syringe is not yet available, administer the loading dose IV Push. If HYDROmorphine PCA syringe is available administer loading dose from PCA syringe via IV pump.

#### Analgesic medications: PCA Orders \*\*Standard Concentration\*\*

REMINDER: The following order does not have a basal rate specified. If a basal rate is required, prescriber to specify the basal rate in the order below.

- HYDROmorphine 0.2 mg/mL (10 mg/50 mL NS). PCA dose = 0.2 mg Q 8 mins, if pain not controlled after 1 Hr increase PCA dose by 0.2 mg increments Q 1 Hr up to a max of 0.6 mg. If pain not controlled after 1 Hr at max dose RN to contact MD. Hourly basal rate = 0 mg/Hr. If basal rate is required, prescriber will note basal rate on protocol table. Stop PCA and Notify MD Prn RR < 8/min, pt is unresponsive, SBP < 90, or O2 sat < 90%. Do not abruptly discontinue PCA. When discontinuing PCA, Stop PCA 1 Hr after parenteral pain medication (if ordered) is administered or 2 Hrs after oral pain medication (if ordered) is administered. **or**  
 HYDROmorphine 0.2 mg/mL (10 mg/50 mL NS). PCA dose = \_\_\_\_mg Q \_\_\_\_mins, if pain not controlled after 1 Hr increase PCA dose by \_\_\_\_ mg increments Q 1 Hr up to a max of \_\_\_\_mg If pain not controlled after 1 Hr at max dose RN to contact MD. Hourly basal rate = \_\_\_\_mg/Hr. Stop PCA and Notify MD Prn RR < 8/min or <\_\_\_\_/min, pt is unresponsive, SBP < 90 or <\_\_\_\_, or O2 sat < 90% or <\_\_\_\_%. Do not abruptly discontinue PCA. When discontinuing PCA, Stop PCA 1 Hr after parenteral pain medication (if ordered) is administered or 2 Hrs after oral pain medication (if ordered) is administered.

#### Analgesic medications: PCA Orders \*\*HIGH Concentration\*\*

REMINDER: The following order does not have a basal rate specified. If a basal rate is required, prescriber to specify the basal rate in the order below.

- HYDROmorphine 1 mg/mL (50 mg/50 mL NS). PCA dose = 0.2 mg Q 8 mins, if pain not controlled after 1 Hr increase PCA dose by 0.2 mg increments Q 1 Hr up to a max of 0.6 mg. If pain not controlled after 1 Hr at max dose RN to contact MD. Hourly basal rate = 0 mg/Hr. If basal rate is required, prescriber will note basal rate on protocol table. Stop PCA and Notify MD Prn RR < 8/min, pt is unresponsive, SBP < 90, or O2 sat < 90%. Do not abruptly discontinue PCA. When discontinuing PCA, Stop PCA 1 Hr after parenteral pain medication (if ordered) is administered or 2 Hrs after oral pain medication (if ordered) is administered. **or**  
 HYDROmorphine 1 mg/mL (50 mg/50 mL NS). PCA dose = \_\_\_\_mg Q \_\_\_\_mins, if pain not controlled after 1 Hr increase PCA dose by \_\_\_\_ mg increments Q 1 Hr up to a max of \_\_\_\_mg If pain

PCA Hydromorphone V31 10.25.12.OK FOR PRINTING.

MEDITECH NAME: PCA HYDROMORPHONE SHORT SET

MEDITECH MNEMONIC: RX.PCAH

ZYNX=none

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not controlled after 1 Hr at max dose RN to contact MD. Hourly basal rate = \_\_\_mg/Hr. Stop HYDROmorphine and Notify MD Prn RR < 8/min or <\_\_\_\_/min, pt is unresponsive, SBP < 90 or <\_\_\_\_\_, or O<sub>2</sub> sat < 90% or <\_\_\_\_%. Do not abruptly discontinue PCA. When discontinuing PCA, Stop PCA 1 Hr after parenteral pain medication (if ordered) is administered or 2 Hrs after oral pain medication (if ordered) is administered.

Analgesic medications: Breakthrough Pain

- HYDROmorphine 0.2 mg IV Push every 15 mins Prn breakthrough pain. Max of 3 doses. Contact MD if pain not relieved. **or**  
 HYDROmorphine \_\_\_mg IV Push every \_\_\_mins Prn breakthrough pain. Max of \_\_\_ doses.  
Contact MD if pain not relieved.

Other medications

- Ondansetron (Zofran) 4 mg IV Push Q 12 Hrs Prn N&V related to PCA therapy. RN to contact Pharmacy to DC this order when PCA is DC'd.  
 Naloxone (Narcan) 0.04 mg IV Push Q 1 min Prn RR < 8/min or <\_\_\_\_/min, pt is unresponsive, SBP < 90 or <\_\_\_\_\_, or O<sub>2</sub> sat < 90% or <\_\_\_\_%. May repeat to a maximum total dose of 0.8 mg until improved mental alertness, RR, SBP, or O<sub>2</sub> sat goal(s) is achieved. Notify MD STAT if Naloxone administered. Monitor VS Q 15 mins x 4, then Q 1 Hr x 2 and until stable or returns to previous baseline. If a second dose is administered, repeat the above VS monitoring. Mix naloxone 0.4 mg in 9 mL NS. (Final concentration: 0.04 mg/mL). RN to contact Pharmacy to DC this order when PCA is DC'd.

**\*\*For patients > or = 65 years old, use 12.5 mg order**

- DiphenhydRAME (Benadryl) 12.5 mg IV Push Q 4 Hrs Prn itching. RN to contact Pharmacy to DC this order when PCA is DC'd.

**\*\*For patients < 65 years old, use 25 mg order**

- DiphenhydRAME (Benadryl) 25 mg IV Push Q 4 Hrs Prn itching. RN to contact Pharmacy to DC this order when PCA is DC'd.