PCA – FentaNYL 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

☐ FentaNYL 10 mCg IV x 1 dose. If FentaNYL PCA syringe is not yet available, administer the loading dose IV Push. If FentaNYL PCA syringe is available administer loading dose from PCA syringe via IV pump. **or**

☐ FentaNYL ___mg IV x 1 dose. If FentaNYL PCA syringe is not yet available, administer the loading dose IV Push. If FentaNYL 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.

☐ FentaNYL 10 mCg/mL (500 mCg/50 mL NS). PCA dose = 10 mCg Q 6 mins, if pain not controlled after 1 Hr increase PCA dose by 10 mCg increments Q 1 Hr up to a max of 30 mCg. If pain not controlled after 1 Hr at max dose RN to contact MD. Hourly basal rate = 0 mCg/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**

☐ FentaNYL 10 mCg/mL (500 mCg/50 mL NS). PCA dose = ___mCg 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.

☐ FentaNYL 50 mCg/mL (2,500 mCg/50 mL NS). PCA dose = 10 mCg Q 6 mins, if pain not controlled after 1 Hr Increase PCA dose by 10 mCg increments Q 1 Hr up to a max of 30 mCg. If pain not controlled after 1 Hr at max dose RN to contact MD. Hourly basal rate = 0 mCg/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**

☐ FentaNYL 50 mCg/mL (2,500 mCg/50 mL NS). PCA dose = ___mCg 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: Breakthrough Pain

☐ FentaNYL 10 mCg IV Push every 15 mins Prn breakthrough pain. Max of 3 doses. Contact MD if pain not relieved. **or**

☐ FentaNYL ___mCg 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 O2 sat < 90% or <_____%. May repeat to a maximum total dose of 0.8 mg until improved mental alertness, RR, SBP, or O2 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**

☐ DiphenhydrAMINE (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**

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