

## PCA – MORPHINE 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

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

REMINDER: Use morphINE with caution in patients with renal impairment due to potential accumulation of active metabolites. [Evidence](#)

MorphINE 1 mg/mL (30 mg/30 mL NS). PCA dose = 1 mg Q 10 mins, if pain not controlled after 1 Hr increase PCA dose by 1 mg increments Q 1 Hr up to a max of 3 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 rate. 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**

MorphINE 1 mg/mL (30 mg/30 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.

REMINDER: Use morphINE with caution in patients with renal impairment due to potential accumulation of active metabolites. [Evidence](#)

MorphINE 5 mg/mL (250 mg/50 mL NS) PCA dose = 1 mg Q 10 mins, if pain not controlled after 1 Hr increase PCA dose by 1 mg increments Q 1 Hr up to a max of 3 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 MorphINE 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**

PCA Morphine V34 10.22.12.OK FOR PRINTING

MEDITECH NAME: PCA - MORPHINE SS

MEDITECH MNEMONIC: RX.PCAM

ZYNX=none

Sponsor: P Delmastro/Brian Boyd

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MorphINE 5 mg/mL (250 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 MorphINE 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

- MorphINE 1 mg IV Push every 15 mins Prn breakthrough pain. Max of 3 doses. Contact MD if pain not relieved. **or**
- MorphINE \_\_\_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 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.