

PHYSICIAN: Use ball point pen. **Cross off and initial nonapplicable orders.** Use the metric system when filling in blanks or writing additional orders. To reinstate or add additional orders after signing and dating this set, use blank Physician's Orders.
NURSE: Remove Nursing and Pharmacy copies. Retain Nursing copy. Check drugs needed, then forward Pharmacy copy, whether or not medications are ordered or appear on that page.

- Patient weight _____ kg. (Patient weight is to be recorded in kilograms **ONLY**.)
- Allergies _____
- For patients greater than 5 years of age only. Continuous infusion or meperidine (Demerol) PCA must be monitored by the Pediatric Pain Service.
- No other opiates or CNS depressants**, including antiemetics (see reverse), unless ordered by Pediatric Pain Service. If you have questions, call the Pediatric Pain Service. Dr. _____, pager # _____.
- PCA Prescription:
 Mode (check one only): PCA only PCA and continuous infusion Continuous infusion only

PCA:

DRUG (recommended starting dose)	PCA DOSE (mcg)	BREAKTHROUGH PAIN LOADING DOSE (1.5 x PCA dose q10 min x 2, no more often than q 4 h)	TO INCREASE PCA DOSE for inadequate pain relief after 1 hour at initial settings (use a 25-75% increase)
Morphine (20 mcg/kg)			
Fentanyl (0.5 mcg/kg)			
Hydromorphone (4 mcg/kg)			

Lockout interval = 10 minutes

Continuous Infusion (must be same drug as PCA):

DRUG (recommended starting dose)	DOSE (mcg/hr)
Morphine (10-20 mcg/kg/hr)	
Fentanyl (0.5-1 mcg/kg/hr)	
Hydromorphone (2-4 mcg/kg/hr)	

- Acetaminophen: 15 mg/kg po (or 30 mg/kg pr x 1 then 15 mg/kg) q 4 hours around the clock for 24 hours (first dose in OR or PACU), then q 4-6 hours prn pain or temperature >101°F.
- Monitoring: Sedation scale, pediatric pain scores, respiratory rate every 2 hours for 6 hours, then every 4 hours while on PCA. Documentation on pain management flowsheet to include above plus shift totals, loading doses or any changes in programming.
- Excessive sedation continued:
 Respiratory rate <7 per minute and/or sedation scale 3:
 a) Naloxone (Narcan) (1 mcg/kg) _____ mcg IV push q 3 min until patient is arousable
 b) Call physician STAT.
 c) Place patient on pulse oximeter and start oxygen to keep saturation >96%.
 Sedation scale:
 0 = no sedation
 1 = drowsy, arousable
 2 = difficult to arouse
 3 = unarousable
 S = normal sleep
- Call MD for no urine output > 6 hours or complaints of difficulty in urination.
- Treatment of side effects:
 a) Nausea: Metoclopramide (Reglan) 0.15 mg/kg _____ IV q 4 h as needed.
 b) Itching: Nalbuphine 0.03 mg/kg _____ IV q 2 h as needed; call HO if ineffective.

Physician Signature/PID# _____

Date & Time _____

Nurse Signature _____

Date & Time _____

Dr. _____ from the Pediatric Pain Service was notified of this order at _____ hours