

# ICU Analgesia [1203]

## INTERMITTENT ICU IV ANALGESIA

### Nursing

#### Nursing care

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Analgesic Titration Scale | Routine, Until discontinued, Starting S<br>If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. |
|---|--|

### Medications

#### PRN Pain

##### PRN Pain Medications (Single Response)

- |   |   |
|---|---|
| <input type="checkbox"/> morphine injection                 | 2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)<br>For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.    |
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection     | 25 mcg, intravenous, every 20 min PRN, moderate pain (score 4-6)<br>For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.   |
| <input type="checkbox"/> HYDROmorphone (DILAUDID) injection | 0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)<br>For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute. |

##### Scheduled Pain Medications (Single Response)

- |   |  |
|---|--|
| <input type="checkbox"/> HYDROmorphone (DILAUDID) injection | 0.25 mg, intravenous, every 4 hours<br>For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute. |
| <input type="checkbox"/> morphine injection                 | 2 mg, intravenous, every 4 hours<br>For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.    |

### PCA Medications

#### PCA-Delivered Pain Medications - HMH, HMWB, HMSJ, HMSTJ Only (Single Response)

If you select a PCA option below you will not be allowed to also order Scheduled or PRN pain medications from the sections above.

- |  |  |
|--|--|
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA | Loading Dose (optional): Not Ordered<BR>Bolus Dose: 10 mcg<BR>Lockout Interval: 10 Minutes<BR>MAX (Four hour dose limit): Not Ordered<BR>Continuous Dose: Not Ordered intravenous, continuous<br>For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute. |
|--|--|

hydromorPHONE (DILAUDID) 15 mg/30 mL PCA

Loading Dose (optional): Not Ordered<BR>Bolus Dose: 0.2 mg<BR>Lockout Interval: 30 Minutes<BR>MAX (Four hour dose limit): Not Ordered<BR>Continuous Dose: Not Ordered intravenous, continuous  
For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.

**PCA-Delivered Pain Medications - HMSL, HMW, HMSTC, HMTW Only (Single Response)**

If you select a PCA option below you will not be allowed to also order Scheduled or PRN pain medications from the sections above.

fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA

Loading Dose (optional): Not Ordered<BR>Bolus Dose: 10 mcg<BR>Lockout Interval: 10 Minutes<BR>Continuous Dose: Not Ordered<BR>MAX (Four hour dose limit): Not Ordered intravenous, continuous  
For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.

hydromorPHONE (DILAUDID) 15 mg/30 mL PCA

Loading Dose (optional): Not Ordered<BR>Bolus Dose: 0.2 mg<BR>Lockout Interval: 30 Minutes<BR>MAX (Four hour dose limit): Not Ordered<BR>Continuous Dose: Not Ordered intravenous, continuous  
For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.

**Respiratory Depression and Somnolence**

naloxone (NARCAN) injection

0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3),,  
For 1 Doses  
Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg).  
If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

**Additional Orders**