

PCA Therapy for Opioid Naive Patients [1412]

This order set should NOT be used for neonates, pediatrics. Use caution in patients with HYPOtension, kidney disease or liver disease.

URL: "http://www.globalrph.com/opioidconverter2.htm"

URL: "file://\apps\Wean revised.pdf"

Nursing

Nursing

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued. - Immediately following PCA administration tubing change
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Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated

Notify Physician

<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S, -PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
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Notify Physician

<input checked="" type="checkbox"/> Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, -Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
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IV Fluids

IV Fluids for provision of PCA Therapy (Single Response)

<input type="checkbox"/> dextrose 5% infusion	30 mL/hr, intravenous, continuous
<input type="checkbox"/> sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous

Medications

PCA Medication - NOT HMSJ (Single Response)

() morPHINE PCA 30 mg/30 mL

Loading Dose (optional): Not Ordered
PCA Dose: 1 mg
Lockout Interval: Not Ordered
Continuous Dose: 0 mg/hr
MAX (Four hour dose limit): 20 mg intravenous, continuous
Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.

() hydromorPHONE (DILAUDID) 15 mg/30 mL PCA

Loading Dose (optional): Not Ordered
PCA Dose: 0.2 mg
Lockout: Not Ordered
Continuous Dose: 0 mg/hr
MAX (Four hour dose limit): 3 mg intravenous, continuous
Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA

Loading Dose (optional): Not Ordered
PCA Dose: 10 mcg
Lockout (recommended 6-8 min): Not Ordered
Continuous Dose: 0 mcg/hr
MAX (Four hour dose limit): 150 mcg intravenous, continuous
Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated

Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

PCA Medications - HMSJ Only (Single Response)

() morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Naive

Loading Dose (optional): Not Ordered
PCA Dose: 1 mg
Lockout Interval: Not Ordered
Continuous Dose: 0 mg/hr
MAX (Four hour dose limit): 20 mg intravenous, continuous
Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26660::"0.5"} mg ONCE. Adjust doses for age, renal function or other factors.

() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Naive
 Loading Dose (optional): Not Ordered
PCA Dose: 0.2 mg
Lockout Interval: Not Ordered
Continuous Dose: 0 mg/hr
MAX (Four hour dose limit): 3 mg intravenous, continuous
 Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg every {Bolus Frequency:26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE. Adjust doses for age, renal function or other factors.

() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA
 Loading Dose (optional): Not Ordered
PCA Dose: 10 mcg
Lockout (recommended 6-8 min): Not Ordered
Continuous Dose: 0 mcg/hr
MAX (Four hour dose limit): 150 mcg intravenous, continuous
 Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.
 Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.

Management of Breakthrough Pain - Non-Opiate Option (Single Response)

Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years old.

() ketorolac (TORADOL) IV (Single Response)
 Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
 WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

() For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

() For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)

Respiratory Depression and Somnolence

[X] 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). 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.

Itching (Administer for respiratory rate of 12 per minute or sedation scale of 2 or LESS) (Single Response)

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
<input checked="" type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching

Itching (Administer for respiratory rate of 12 per minute or sedation scale of 2 or LESS)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
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Itching (Administer for respiratory rate of 12 per minute or sedation scale of 2 or LESS)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
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Antiemetics (Administer for respiratory rate of 12 per minute or sedation scale of 2 or LESS)

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics (Administer for respiratory rate of 12 per minute or sedation scale of 2 or LESS)

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel

<input type="checkbox"/>	promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/>	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Bowel Regimen: For Patients LESS than 65 years old

<input checked="" type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily Hold for diarrhea.
<input type="checkbox"/>	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation)

Bowel Regimen: For Patients GREATER than 65 years old

<input checked="" type="checkbox"/>	sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily Hold for diarrhea.
<input type="checkbox"/>	bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation)
<input type="checkbox"/>	polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, If with persistent constipation.

For Constipation still unrelieved: naloxegol (MOVANTIK)

naloxegol (Movantik) : For eGFR LESS than 60 mL/min or not tolerated, reduce dose to 12.5 mg once daily before breakfast on an empty stomach.
Avoid use in patient with severe hepatic impairment (Child-Pugh Class C)

<input type="checkbox"/>	naloxegol (MOVANTIK) tablet	25 mg, oral, daily before breakfast
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Labs

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Additional Orders