

## PCA Therapy for Opioid TOLERANT Patients [1824]

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\fs\Wean revised.pdf>"

### Nursing

#### 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

#### 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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#### 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 Medications for Opioid TOLERANT - NOT HMSJ (Single Response)

<p>( ) morPHINE PCA 30 mg/30 mL</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;PCA Dose: 1 mg&lt;BR&gt;Lockout: Not Ordered&lt;BR&gt;Continuous Dose: 0 mg/hr&lt;BR&gt;MAX (Four hour dose limit): 20 mg intravenous, continuous</p> <p>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.</p>
<p>( ) hydromorPHONE (DILAUDID) 15 mg/30 mL PCA</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;PCA Dose: 0.2 mg&lt;BR&gt;Lockout: Not Ordered&lt;BR&gt;Continuous Dose: 0 mg/hr&lt;BR&gt;MAX (Four hour dose limit): 3 mg intravenous, continuous</p> <p>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.</p>
<p>( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;PCA Dose: 25 mcg&lt;BR&gt;Lockout (recommended 6-8 min): Not Ordered&lt;BR&gt;Continuous Dose: 0 mcg/hr&lt;BR&gt;MAX (Four hour dose limit): 150 mcg intravenous, continuous</p> <p><b>**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.**</b></p> <p>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.</p>

**PCA Medications for Opioid TOLERANT - HMSJ Only (Single Response)**

<p>( ) morPHINE PCA 30 mg/30 mL in sodium chloride 0.9% for Opioid Tolerant</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;PCA Dose: 1 mg&lt;BR&gt;Lockout: Not Ordered&lt;BR&gt;Continuous Dose: 0 mg/hr&lt;BR&gt;MAX (Four hour dose limit): 20 mg intravenous, continuous</p> <p>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.</p>
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<p>( ) hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% PCA for Opioid Tolerant</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;PCA Dose: 0.2 mg&lt;BR&gt;Lockout Interval: Not Ordered&lt;BR&gt;Continuous Dose: 0 mg/hr&lt;BR&gt;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.</p>
<p>( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL PCA</p>	<p>Loading Dose (optional): Not Ordered&lt;BR&gt;PCA Dose: 25 mcg&lt;BR&gt;Lockout (recommended 6-8 min): Not Ordered&lt;BR&gt;Continuous Dose: 0 mcg/hr&lt;BR&gt;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.</p>

**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.

<p>( ) ketorolac (TORADOL) IV (Single Response)</p>	
<p>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.</p>	
<p>( ) For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection</p>	<p>15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)</p>
<p>( ) For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection</p>	<p>30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6)</p>

**Respiratory Depression or Somnolence**

<p>[X] naloxone (NARCAN) injection</p>	<p>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.</p>
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**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)	<b>"Or" Linked Panel</b>
<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	<b>"Or" Linked Panel</b>
<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)	<b>"Or" Linked Panel</b>
<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	<b>"Or" Linked Panel</b>
<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)	<b>"Or" Linked Panel</b>
<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	<b>"Or" Linked Panel</b>

<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**

**Cardiology**

**Imaging**

**Other Studies**

**Respiratory**

**Rehab**

**Additional Orders**