

**THE JOHNS HOPKINS HOSPITAL**  
**ORDER SHEET**  
 Intravenous (IV) Patient Controlled Analgesia  
 (PCA) for Sickle Cell Patients in Adult  
 Emergency Department

for addressograph plate

ORDERED		ORDER: Sign each entry – Include ID Number	Read-Back & Verified	Noted by	Order Completed		Initials
DATE	TIME				Date	Time	
		<b>SELECT ONE (MANDATORY) :</b> <input type="checkbox"/> INITIATION ON Ordersheet <input type="checkbox"/> MODIFICATION Version Date/Time: _____					
		00 Allergies : _____					
		01 Patient Weight: _____					
		02 If patient has a pain score $\geq 4$ and has not received an opioid dose within the last 30 minutes, then immediately administer a narcotic dose outside of this order set. (Note to prescriber: Must use HMED Orders Management Tab to write that dose)					
		03 <b>Please order patient's long-acting oral opiate, if known and</b> take into account timing of their last dose of long acting agent before arrival in the Emergency Department. (Note to prescriber: Must use HMED Orders Management Tab to write long acting opioid medication)					
		04 <b>Please select ONE of the 3 PCA options below using Sections 05, 06, or 07:</b>  Morphine PCA Hydromorphone PCA Fentanyl PCA  Consider ordering patient's last effective PCA agent and dosing regimen, if known.					
		05 <input type="checkbox"/> PCA Demand only: Adult Intravenous Standard Concentration <b>Hydromorphone</b> PCA (0.2 mg/ml) Reservoir Volume: 100 ml  PCA Dose (Demand Dose): _____ mg (suggest 0.4 - 0.6 mg)  PCA Lock Out (Demand Dose Lock Out (suggest 10 min): _____ minutes  Maximum number of doses per hour (suggest 6): _____ doses/hr					
		06 <input type="checkbox"/> PCA Demand Only: Adult Intravenous Standard Concentration <b>Morphine</b> PCA (5 mg/ml ) Reservoir Volume: 50 ml  PCA Dose (Demand Dose): _____ mg (suggest 2 - 4mg)  PCA Lock Out (Demand Dose Lock Out (suggest 10 min): _____ minutes  Maximum number of doses per hour (suggest 6): _____ doses/hr					

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	07	<input type="checkbox"/> PCA Demand Only: Adult Intravenous Standard Concentration <b>Fentanyl</b> PCA (20 mcg/ml) Reservoir Volume: 50 ml  PCA Dose (Demand Dose): _____ mcg (suggest 25 -50 mcg)  PCA Lock Out (Demand Dose Lock Out (suggest 10 min): _____ minutes  Maximum number of doses per hour (suggest 6): _____ doses/hr					
	08	Prescriber Guidelines: PCA dose adjustments:  Consider titrating demand dose at least every 2 hours based on pain score. <ul style="list-style-type: none"> <li>If pain score is 5-7, consider increase demand dose by 25% (current dose x 1.25)</li> <li>If pain score is 8-10, consider increase demand dose by 50% (current dose x 1.5)</li> </ul>					
	09	Prescriber Guidelines: In the event of pump failure or no IV access for greater than one hour:  Discontinue PCA pump order in HMED and initiate intermittent bolus opioid dosing via HMED Orders Management Tab					
	10	For respirations 8-10 per minute: - Stop the IV PCA infusion;  For respirations , <8 - Administer naloxone per HMED orders - Notify the prescriber.					
	11	Monitor and record on pain rating & relief, sedation level, and respiratory rate within one hour from initiation or with each increased dosage change, and q 2hrs x 4 and PRN per PCA policy.					
	12	At least every 4 hours, record amount of drug and total attempts, the patient received on PCA pump.					
	13	Prescriber Guidelines:  If pain score is <5 for 2 consecutive measurements, or patient requests conversion to oral opiates, consider discontinuing PCA order in HMED and initiating intermittent PO opiates via HMED Orders Management Tab					
	14	Notify Prescriber: Respiratory rate $\leq$ 8 or evidence of airway obstruction; Oxygen Saturation $\leq$ 92%; RASS score less than -2 ; SBP $\leq$ 90; Nausea and vomiting or itching unrelieved by medication; Patient non-compliance or inability to use PCA					
	15	Instruct patient/significant other that ONLY the patient may use dose button					
	16	Signature _____ ID # _____  Date/Time: _____ Pager # _____					