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RECORD OF ADMINISTRATION OF PATIENT CONTROLLED ANALGESIA (PCA) AND DOCUMENTATION OF WASTE FOR PCA AND CONTINUOUS INFUSION OF CONTROLLED SUBSTANCES

THE MOUNT SINAI HOSPITAL, NEW YORK, NY 10029

New
6/11

DATE
NAME
UNIT NO.
SEX/DOB
SERIAL NO.
LOCATION
PHYSICIAN SERVICE

MEDICATION

- ☐ MORPHINE SULFATE 1 mg/ml IV
☐ FENTANYL 25 mcg/ml IV
☐ HYDROMORPHONE 0.5 mg/ml IV PEDIATRIC
☐ HYDROMORPHONE 1 mg/ml IV

EPIDURAL-PAIN SERVICE ONLY

- ☐ FENTANYL 5 mcg/ml EPIDURAL
☐ FENTANYL 5 mcg/ml + 0.1% BUPIVACAINE EPIDURAL
☐ 0.1% BUPIVACAINE EPIDURAL
☐ _____ EPIDURAL

PUMP SETTINGS

DATE	TIME	BASAL RATE <input type="checkbox"/> MG <input type="checkbox"/> MCG	BOLUS DOSE <input type="checkbox"/> MG <input type="checkbox"/> MCG	BOLUS INTERVAL (MIN)	MAX. # BOLUS/HOUR	SIGNATURE/TITLE

RECORD AT INITIATION/ DISCONTINUATION OF THERAPY, CHANGE OF SHIFT AND WHEN PATIENT IS TRANSFERRED

DATE	TIME	PATIENT LOCATION	CLINICIAN DOSE <input type="checkbox"/> MG <input type="checkbox"/> MCG	VOLUME IN BAG (mL)	VOLUME INFUSED (mL)	SIGNATURE/ TITLE
				mL		
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	
				mL	mL	

RECORD OF WASTE – NURSING ONLY

DATE	TIME	PATIENT LOCATION	VOLUME DISCARDED	SIGNATURE/ TITLE	SIGNATURE/ TITLE
			mL		

RECORD OF RETURN TO PHARMACY – ANESTHESIA ONLY

DATE	TIME	PATIENT LOCATION	VOLUME RETURNED	SIGNATURE/ TITLE	SIGNATURE/ TITLE
			mL		