

Figure 1.

Patient-oriented Prescription for Analgesia (Adult Program)

Date & Time _____

Procedure/Cause of Pain _____

Note: To override default values (in parentheses), enter substitute values in spaces. Default values are for adults weighing more than 40 kg. To delete an order, cross it out & initial.

DISCONTINUE all previous Opioids, Benzodiazepines, Antiemetics, & NSAIDs

Adjuvant Analgesia (Check one of the following options)

- ☐ **NSAID Option:** First dose only: **Ketorolac (Toradol)** i.v. or subcut. (15)_____mg, & then
- If unable to take oral meds: **Ketorolac** i.v. or subcut. (15)_____mg every 6 hrs. STOP after 3 days.
 - If able to take oral meds: **Ibuprofen** p.o. (600)_____mg every 6 hrs. STOP after (3)_____days.
- ☐ **Non-NSAID Option:** **Acetaminophen** rectally or p.o. (975)_____mg every 6 hrs.

Programmed Opioid Analgesia for Abbott PCA Model 4100 (Checking box activates full protocol)

- ☐ **Fentanyl** 50 micrograms/mL by subcutaneous (subcut.) infusion with portless PCA tubing through 0.22 micron in-line filter.
- Initial Dose If this protocol is started in PACU, follow anesthesiologist's post-surgical orders while patient in PACU. If started on floor & if pain score is 8 cm or greater, give (50)_____micrograms subcut, *one dose only*.
 - Continuous (25)_____micrograms/hr (If left blank, dose defaults to 25 micrograms/hr.)
DO NOT INCREASE continuous **Fentanyl** dose rate more often than once every 24 hours.
 - PCA (On-demand) (25)_____micrograms (If left blank, dose defaults to 25 micrograms with each patient demand.)
 - Lockout 15 min
 - 4 Hour Dose Limit 75% of (Continuous + On-demand doses) *Adjust 4 hour dose limit whenever dose changes.*
 - Breakthrough pain: If pain score is 8 cm or greater, INCREASE on-demand dose by (10)_____micrograms; reassess in 1 hour. Repeat 3 times. If pain score is 8 cm or greater on 3 consecutive assessments then notify physician.
 - Taper: STOP on-demand dose after (3 days)_____ (Alternatively, enter a stop date) & then REDUCE continuous dose rate every 4 hours by (10)_____micrograms.
 - Minimal pain: If the visual analogue pain score is 2 cm or less on any 3 consecutive assessments, REDUCE on-demand dose by (10)_____micrograms.
 - Oversedation: If oversedated, hold continuous & on-demand **Fentanyl** doses for 4 hrs, then restart continuous **Fentanyl** at 1/2 prior dose rate & on-demand **Fentanyl** at 1/2 prior dose; reassess at 1 hour & 2 hours. If unarousable or respiration depressed, (e.g., resp. rate less than 6/min or O₂ saturation less than 92%), then STOP **Fentanyl** & give **Naloxone (Narcan)** 0.1 mg i.v. every 2–5 mins up to 4 times until awake. Notify physician *after* giving first dose of naloxone.
 - p.r.n. Constipation: **PEG Standard Solution (Miralax)** p.o. 240 mL p.r.n. once daily when tolerating fluid diet. **Senna Standard Extract** p.o. 1 to 4 tablets p.r.n. twice daily when tolerating fluids.
 - p.r.n. Nausea: Mild nausea: **Metoclopramide (Reglan)** i.v. or subcut. 5 to 10 mg p.r.n. every 8 hrs. Severe nausea or vomiting: **Droperidol (Inapsine)** i.v. or subcut. 1.25 to 2.5 mg p.r.n. every 8 hrs. If patient continues to vomit 2 hours after receiving Droperidol then notify physician.
 - p.r.n. Pruritis: **Diphenhydramine (Benadryl)** subcut., i.v., or p.o. 10 to 25 mg p.r.n. every 8 hrs.

Monitoring Orders

Use a 10 cm. Visual Analogue Pain Scale (such as CAT Pain Gauge) for all pain assessments; do not substitute alternate scale. Measure & Record Visual Analogue Pain Score with each vital sign recording; reassess 1 hour after each fentanyl dose change. Cutaneous O₂ saturation measures every 4 hours while patient lethargic or sleeping.