

PHYSICIAN ORDER FORM

PCA INFUSER PROTOCOL

1. EDUCATE PATIENT ON CONCEPT OF PAIN AND INFUSER.

2. I.V. FLUID _____ AT _____ ML/HOUR

3. PAIN MEDICATION: _____ MORPHINE 1mg/ml: 30ml SYRINGE
_____ HYDROMORPHONE 0.2mg/ml: 30ml SYRINGE

4. LOADING DOSE: _____ MG

MORPHINE	Usual	1mg-5mg
HYDROMORPHONE	Usual	0.5-2mg

5. GIVE DOSE OF _____ MG EVERY _____ MINUTES IF REQUIRED

MORPHINE	Usual	1mg every 6 min
	Range	0.5mg-2.5mg every 5-10 minutes

HYDROMORPHONE	Usual	0.2mg every 6 min
	Range	0.05mg-0.4mg every 5-10 minutes

6. MAXIMUM OF _____ MG IN A FOUR HOUR PERIOD

MORPHINE	Range	20mg-30mg
HYDROMORPHONE	Range	4mg-6mg

7. ADDITIONAL BOOSTER DOSE OF _____ MG MAY BE GIVEN

EVERY _____ HOUR(S) IF PAIN IS NOT RELIEVED

MORPHINE	Range	1mg-3mg
HYDROMORPHONE	Range	0.2mg-0.6mg

8. BASAL RATE IF NECESSARY _____ MG/HOUR

MORPHINE	Usual	1mg-2mg/hour
HYDROMORPHONE	Usual	0.1mg-0.2mg/hour

PHYSICIAN SIGNATURE

DATE

St. John's Hospital-Berryville

Patient Label
