



HT: _____ cm

**ADULT MORPHINE
PCA PROTOCOL**

WT: _____ kg

For Opiate Naive Patients

Allergies: _____

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
			Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.

PHYSICIAN:

1. Write "Morphine PCA Protocol" and specify if you want basal rate.
2. If not specified, no basal rate will be administered.
3. Changes to the protocol are not permitted. If deviate from protocol, you must specify all parameters of PCA order (concentration, loading dose, bolus dose, lockout, basal rate, and 1 hour limit).
4. Basal Rate of 1 mg/hour
 YES NO

PHARMACIST:

Input into computer with mnemonic "morp50pca"

NURSE:

1. Place completed copy of protocol in orders section of the medical record.
2. Consult policy #006-009 for steps on installing PCA cartridge.
3. Follow protocol below for PCA dosing:

Concentration:	1 mg/ml
Loading Dose:	2 mg
PCA (Bolus) Dose:	1 mg
Delay (Lockout):	10 minutes
Basal Rate:	1 mg/hour
(if requested)	
1 Hour Limit:	7 mg
4. Initially and with each subsequent change in the physician's order, a second nurse must verify the prescription display with the physician orders.
5. Initially and with each subsequent change in the physician's order or change in syringe, document the following on the MAR:
 - a. Loading dose: Time administered
 - b. PCA dose
 - c. 1 hour limit
 - d. Lockout interval
 - e. Time vial starts, changed, or discontinued
 - f. Signature of verifying nurse
6. Every 8 hours (or more frequently if needed), document total milligrams used every shift on MAR. Clear total milligrams used from pump history.
7. Document in the Nurse's Notes the patient's response to the medication and reason changes were made (if any) to pump settings.
8. Change PCA tubing every 72 hours; syringes are changed when empty.
9. For any medication remaining in the syringe, dispose according to narcotic policy.
10. Educate family to NOT push "button" for the patient.

Initiated per order of Dr. _____ / _____ RN