

Patient Name: _____

Date of Birth: _____ IV Access: _____

Height: _____ Weight: _____

Allergies: _____

Patient Controlled Analgesia Order Form

MAKE SURE TO COMPLETE ALL SECTIONS OF THIS FORM FOR A VALID CII ORDER

- ◆ Orders are initiated unless crossed out by provider.
- Check box to initiate order.

Diagnoses: _____		ICD-10: _____	
Medication:			
<input type="checkbox"/> Morphine Sulfate	<input type="checkbox"/> Hydromorphone HCl	<input type="checkbox"/> Fentanyl	
<input type="checkbox"/> Other: _____			
Administration Route:			
<input type="checkbox"/> IV	<input type="checkbox"/> Subcutaneous	<input type="checkbox"/> Intrathecal	
Dosing Parameters:			
A. Basal rate: _____ <input type="checkbox"/> mg/hour <input type="checkbox"/> mcg/hour <input type="checkbox"/> ml/hour			
B. Patient controlled bolus dose (PRN): _____ <input type="checkbox"/> mg <input type="checkbox"/> mcg			
C. Bolus dosing interval: <input type="checkbox"/> Every 10 min <input type="checkbox"/> Every 15 min <input type="checkbox"/> Other: _____			
D. Total quantity to dispense with this order: _____ <input type="checkbox"/> Days supply (max 60) <input type="checkbox"/> mg <input type="checkbox"/> mcg			
E. Titrate to comfort to a maximum ___ <input type="checkbox"/> mg/hour <input type="checkbox"/> mcg/hour with a ___% bolus every ___ minutes (*Titration orders strongly recommended for Hospice patients)			
F. Is patient terminal? <input type="checkbox"/> Yes <input type="checkbox"/> No (**Yes is required for pharmacy to dispense >1 time using this order)			
<ul style="list-style-type: none"> ◆ Alteplase 2mg IV to declot central IV access per protocol as needed for occlusion. ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio). ◆ Infusion Reaction Management per protocol as needed. 			
Nursing Orders:			
<input type="checkbox"/> If no central IV access: RN to insert peripheral IV or subcutaneous catheter, rotate site Q 3 to 5 days PRN.			
<input type="checkbox"/> May use lidocaine 1%, 0.1ml intradermally to start IV if needed.			
<input type="checkbox"/> Perform weekly dressing change to intrathecal site and monthly pall filter changes, reprogram pump prn.			
<input type="checkbox"/> Other: _____			

Prescriber Signature

Date

Print Name

DEA Number