IF PATIENT MEETS ANY OF THE FOLLOWING CRITERIA, UWMC PAIN SERVICE CONSULTATION IS RECOMMENDED.

- Obstructive sleep apnea
- Morbid obesity (BMI > 40 kg/m²)
- Chronic opioid use or recent history of ETOH abuse, IVDA, or methadone maintenance
- Allergies or intolerance to morphine and hydromorphone

Alterations to this form are not permitted. Exceeding the dosing limits on this form warrants Pain Service Consult.

1. Discontinue use of all current opioids (also avoid concurrent use of other opioids &/or CNS depressants).
2. **PCA PRESCRIPTION**:

<table>
<thead>
<tr>
<th>Drug: check one box</th>
<th>MORPHINE (recommended)</th>
<th>HYDROMORPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mg/ml</td>
<td>0.2 mg/ml</td>
<td></td>
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</table>

**PCA Dose:** complete blank space

- mg (range 0.5-1.5 mg)
- mg (range 0.1-0.3 mg)

**Lockout:**

- 8 minutes
- 8 minutes

**4-Hour Limit**

- 30 mg
- 6 mg

**Caution:** 24 hour limit = 120 mg

**DO NOT EXCEED**

**Optional Loading Doses at Start of Therapy and/or Incident/Breakthrough Pain**

2X current incremental dose q 5 minutes up to a maximum of 5 doses

- Limit loading doses to q 4h intervals. (If needed more often than q 4h, call physician.)
- Series of loading doses should be given from pump (except in PACU) and completed within one hour.
- Monitor and document $S_O_2$, respiratory rate, sedation score and pain score q 15 min x 4.

**Continuous Infusion**

Caution: Use only if 8-hrs of PCA alone proves inadequate

**Time of infusion** (check one box):

- 2200-0600 nightly
- continuous

3. **Monitoring**

**Respiratory rate, pain score, and sedation score – q 2h for 8 hours, then q 4h while patient is on PCA.**

**Document on CIS.**

4. **Treatment of Side Effects**:

A. Call physician for sedation score = 3, RR < 8/minute, or $pCO_2 > 50$ mmHg (if available), or $S_O_2 < 92\%$.

B. SEDATION SCORE = 3 plus RR < 8/minute: **Naloxone** 0.08 mg IV STAT q 2 minutes pm. (See Naloxone Kit instructions). Call physician.

C. **NAUSEA/VOMITING:** **Metoclopramide** 10 mg IV q 4h pm. **IN ADDITION** **IF NOT EFFECTIVE,** GIVE: **Ondansetron** 4 mg IV once. May repeat once in 6 hrs. In addition, if age < 60 years, **Transdermal Scopolamine** patch to either mastoid area pm. Change q 72 h.

D. **ITCHING:** Check box if medication applies to this patient.

- **Diphenhydramine** 25 mg IV or PO q 6h pm severe itching
- **Nalbuphine** 2.5 – 5 mg IV q 4h pm severe itching

E. **URINARY RETENTION:** check bladder volume with Bladder Scan. If volume > 600 ml & unable to void, “in and out” bladder catheter, pm.

**FOR SLEEP:** and if age < 60 years, **Zolpidem** 5 mg po q hs pm. Check box if medication applies to this patient.

6. **For Inadequate Analgesia or Other Problems Related to PCA:** Call physician.