CU Analgesia [1203]

INTERMITTENT ICU IV ANALGESIA

Nursing

Nursing care

[X] Analgesic Titration Scale

Routine, Until discontinued, Starting S If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD.

Medications PRN Pain **PRN Pain Medications (Single Response)** () morphine injection 2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6) For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute. () fentaNYL (SUBLIMAZE) injection 25 mcg, intravenous, every 20 min PRN, moderate pain (score 4-6) For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute. () HYDROmorphone (DILAUDID) injection 0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute. Scheduled Pain Medications (Single Response) () HYDROmorphone (DILAUDID) injection 0.25 mg, intravenous, every 4 hours For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute. () morphine injection 2 mg, intravenous, every 4 hours For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.

PCA Medications

PCA-Delivered Pain Medications (Single Response)

If you select a PCA option below you will not be allowed to also order Scheduled or PRN pain medications from the sections above.

Loading Dose (optional): Not Ordered Bolus Dose: 10 mcg Lockout Interval: 10 Minutes MAX (Four hour dose limit): Not Ordered Continuous Dose: Not Ordered intravenous, continuous **Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.**
For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) of GREATER than 4 for perceived pain contact MD. Monitor and record pain scores and respiratory status. Notify MD if Respiratory rate is less than 10/minute.
Loading Dose (optional): Not Ordered Bolus Dose: 0.2 mg Lockout Interval: 30 Minutes MAX (Four hour dose limit): Not Ordered Continuous Dose: Not Ordered intravenous, continuous For Hemodynamically Stable Patients. If Visual Analog Scale (VAS) ofGREATER than 4 for perceived pain contact MD.Monitor and record pain scores and respiratory status. Notify MD ifRespiratory rate is less than 10/minute.
 0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.