



134 Prince Avenue, Suite B  
 Bellingham, WA 98226  
 Phone (360) 933-4892  
 Fax (360) 933-1197

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.

Fax completed form to (360)933-1197. Call our pharmacists for therapy recommendations.

**Diagnoses:** \_\_\_\_\_ ICD-10: \_\_\_\_\_

**Medication:**

- Morphine Sulfate       Hydromorphone HCl       Fentanyl  
 Other: \_\_\_\_\_

**Administration Route:**

- IV       Subcutaneous       Intrathecal

**Dosing Parameters:**

- A. Basal rate: \_\_\_\_\_  mg/hour     mcg/hour     ml/hour  
 B. Patient controlled bolus dose (PRN): \_\_\_\_\_  mg     mcg  
 C. Bolus dosing interval:     Every 10 min     Every 15 min     Other: \_\_\_\_\_  
 D. Total quantity to dispense with this order: \_\_\_\_\_  Days supply (max 60)     mg     mcg  
 E. Titrate to comfort to a maximum \_\_\_  mg/hour     mcg/hour with a \_\_\_% bolus every \_\_\_ minutes  
 (\*\*Titration orders strongly recommended for Hospice patients)  
 F. Is patient terminal?  Yes     No (\*\*Yes is required for pharmacy to dispense >1 time using this order)  
 ◆ Alteplase 2mg IV to de clot central IV access per Infusion Solutions protocol as needed for occlusion.  
 ◆ Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.  
 ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).  
 ◆ Infusion Reaction Management per Infusion Solutions protocol as needed.

**Nursing Orders:**

- If no central IV access: RN to insert peripheral IV or subcutaneous catheter, rotate site Q 3 to 5 days PRN.  
 May use lidocaine 1%, 0.1ml intradermally to start IV if needed.  
 Perform weekly dressing change to intrathecal site and monthly pall filter changes, reprogram pump prn.  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 Prescriber Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 DEA Number