



477 W. Horton Rd.
Bellingham, WA 98226
Phone (360) 933-4892
Fax (360) 933-1197

Patient Name: _____
Date of Birth: _____ Weight: _____
IV Access: _____ Height: _____
Allergies: _____
Address: _____

Patient Controlled Analgesia Order Form

*** COMPLETE ALL SECTIONS OF THIS FORM TO ENSURE COMPLIANCE WITH CONTROLLED SUBSTANCE DISPENSING REGULATIONS***

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)
☒ Patient is terminally ill, enrolled in Hospice services
☒ Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
☒ Flush line with 0.9% NaCl, D5W 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, and rotate site as needed.
☐ 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

Prescriber Address

KEY: ☒ Orders are initiated unless crossed out by provider.

☐ Check box to initiate order.