

PRESCRIPTION CHART

Subcutaneous Nurse/Patient Controlled Analgesia

WARD

Pain Control Service
Great Ormond Street Hospital for Children
NHS Trust, Great Ormond Street, London, WC1N 3JH

SC NCA / PCA
Fentanyl
only

SURNAME	FIRST NAME	HOSPITAL NUMBER	D.O.B.	AGE	WEIGHT
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ALLERGIES ?	SPECIAL INSTRUCTIONS
	<ul style="list-style-type: none"> For pump programming protocols, refer to Pain Management Chart Use in conjunction with Trust Clinical Practice Guidelines

FENTANYL (≤ 50 kg 25 micrograms/kg) (> 50 kg 1250 micrograms)		DATE															
DOSE microgram		HR															
made up to 20mls with 0.9% sodium chloride		MIN															
MAXIMUM VOLUME in any 4 hour period excluding Loading Dose or Extra Bolus 8 ml																	
PCA BACKGROUND 0 – 0.1ml/hr BOLUS 0.2 – 0.4 ml LOCKOUT 5 – 10 min	DOSE RANGE 0 – 0.1ml/hr 0.2 – 0.4 ml 5 – 10 min	ROUTE SC	• EXTRA BOLUS DOSE														
NCA BACKGROUND 0 – 0.4 ml/hr BOLUS 0.2 – 0.4 ml LOCKOUT 20 – 30 min LOCKOUT ICU 5 minutes ONLY	DOSE RANGE 0 – 0.4 ml/hr 0.2 – 0.4 ml 20 – 30 min 5 minutes		• LOAD DOSE														
LOADING DOSE OR EXTRA BOLUS Fentanyl ≤ 50kg: 0.25 – 1 microgram/kg (0.2-0.8ml) ACCORDING TO PROTOCOL MAX DOSE >50kg: 50 micrograms (0.8ml)		•SYRINGE CHANGE															
START DATE	SIGNATURE	BLEEP 0577	SIGN														
PHARMACY USE																	

AS REQUIRED DRUGS

NALOXONE For respiratory depression			DATE														
DOSE PRN	other	ROUTE	Additional Instructions 4 micrograms/kg (Max 200 mcg) RESP RATE < breaths/min	HR													
		IV/IM		MIN													
micrograms		MAX FREQ STAT		DOSE GIVEN													
START DATE	SIGNATURE	BLEEP 0577		ROUTE													
PHARMACY USE				SIGN													

Protocol overleaf

Use in conjunction with

**Pain Management Chart, Prescription Chart
and Clinical Practice Guidelines**

Special Precautions

- Fentanyl is an alternative opioid, which may be used for patients who have a contra-indication to morphine.

General instructions

- **No supplementary opioids unless ordered by the Anaesthetist or Pain Service**
- Line for SC opioids should be exclusive or an anti-reflux valve must be used
- Record observations according to Clinical Practice Guidelines
- **Assess pain HOURLY** while on NCA/PCA, continue for 6 hours after cessation
- **Multi-modal / synergistic analgesia** – ensure it is prescribed and use it
- Treatment of side-effects:
 - Nausea & vomiting:** Give antiemetics as prescribed
 - Itching:** Chlorphenamine as prescribed
 - Over sedation:** See Sedation Scale
 - Respiratory depression:** Resp rate: If less than shown on drug chart:
 1. Give oxygen
 2. Stop infusion
 3. Give naloxone 4 microgram/kg IV
 4. Call Pain Service

Subcutaneous

Weight	Drug and dose	Drug concentration
≤ 50 kg	Fentanyl 25 micrograms/kg made up to 20 ml with 0.9% sodium chloride	1 ml = 1.25 micrograms/kg (Max 4 hrly dose: 8 mls)

SUGGESTED INITIAL PROGRAMMING		Loading dose ml	Background infusion ml/hr	Bolus dose ml	Lockout mins
PCA	standard	0.2 to 0.8	0 or 0.1	0.2 or 0.4	5 - 10
NCA	standard	0.2 to 0.8	0, 0.1, 0.2 or 0.4	0.2 or 0.4	20 - 30
NCA	in ICU areas	0.2 to 0.8	0, 0.1, 0.2 or 0.4	0.2 or 0.4	5

Weight	Drug and dose	Drug concentration
> 50 kg	Fentanyl 1250 micrograms made up to 20 ml with 0.9% sodium chloride	1 ml = 62.5 micrograms (Max 4 hrly dose: 8 mls)

SUGGESTED INITIAL PROGRAMMING		Loading dose ml	Background infusion ml/hr	Bolus dose ml	Lockout mins
PCA	standard	0.2 to 0.8	0 or 0.1	0.2 or 0.4	5 - 15
NCA	standard	0.2 to 0.8	0, 0.1, 0.2 or 0.4	0.2 or 0.4	20 - 30
NCA	in ICU areas	0.2 to 0.8	0, 0.1, 0.2 or 0.4	0.2 or 0.4	5