

# 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  
Morphine  
only**

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

<b>MORPHINE</b> (≤ 50 kg one mg/kg) (> 50 kg 50 mg)  <b>DOSE</b> mg made up to 20mls with <b>0.9% sodium chloride</b>  <b>MAXIMUM VOLUME</b> in any 4 hour period excluding Loading Dose or Extra Bolus <b>8 ml</b>		DATE															
		HR															
		MIN															
PCA	DOSE RANGE	ROUTE  <b>SC</b>	• EXTRA BOLUS DOSE														
BACKGROUND	0 – 0.1 ml/hr		• LOAD DOSE														
BOLUS	0.2 – 0.4 ml																
LOCKOUT	5 – 10 min																
NCA	DOSE RANGE																
BACKGROUND	0 – 0.4 ml/hr		• SYRINGE CHANGE														
BOLUS	0.2 – 0.4 ml																
LOCKOUT	20 – 30 min																
LOCKOUT ICU ONLY	5 minutes																
<b>LOADING DOSE or EXTRA BOLUS</b>																	
Morphine ≤ 50kg: 10 – 100 micrograms/kg (0.2–2ml)																	
ACCORDING TO PROTOCOL																	
MAX DOSE > 50 kg: 5 mg (2ml)																	
START DATE	SIGNATURE	BLEEP	SIGN														
		0577															
PHARMACY USE																	

## AS REQUIRED DRUGS

<b>NALOXONE</b> For respiratory depression			DATE														
DOSE PRN	other	ROUTE	Additional Instructions	HR													
		IV/IM		MIN													
micrograms	MAX FREQ	STAT	RESP RATE	DOSE GIVEN													
				ROUTE													
START DATE	SIGNATURE	BLEEP	SIGN														
		0577															
PHARMACY USE																	

Protocol overleaf

# Protocol for the use of Morphine

## Subcutaneous PCA / NCA

Use in conjunction with

Pain Management Chart  
and Clinical Practice Guidelines

### 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

**The Pain Service can be contacted on Bleep 0577 at any time (24 hours)**

### Subcutaneous

**up to 50 kg**

**Morphine 1 mg/kg** made up to 20 ml with 0.9% sodium chloride

**1 ml = 50 microgram/kg**  
(Max 4 hrly dose: 8 mls)

SUGGESTED INITIAL PROGRAM		Loading dose (ml)	Background inf (ml/hr)	Bolus dose (ml)	Lockout (mins)
PCA	standard	1 or 2	0 or 0.1	0.2 or 0.4	5 or 10
NCA	standard	1 or 2	0, 0.1, 0.2 or 0.4	0.2 or 0.4	20 or 30
NCA	in ICU areas	1 or 2	0, 0.1, 0.2 or 0.4	0.2 or 0.4	5
NCA	neonates & infants < 5 kg	0.4, 1 or 2	0	0.2	20

**> 50 kg**

**Morphine 50 mg** made up to 20 ml with 0.9% sodium chloride

**1 ml = 2.5 mg**  
(Max 4 hrly dose: 8 mls)

SUGGESTED INITIAL PROGRAM		Loading dose (ml)	Background inf (ml/hr)	Bolus dose (ml)	Lockout (mins)
PCA	standard	1 or 2	0	0.2 or 0.8	5 or 10
NCA	standard	1 or 2	0, 0.1, 0.2 or 0.4	0.2 or 0.8	20 or 30
NCA	in ICU areas	1 or 2	0, 0.1, 0.2 or 0.4	0.2 or 0.8	5