

PRESCRIPTION CHART

Intravenous Nurse/ Patient Controlled Analgesia

WARD

Pain Control Service

Great Ormond Street Hospital for Children

NHS Foundation Trust, Great Ormond Street, London, WC1N 3JH

**IV 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"> Ensure protocol is printed on the back of this prescription Use in conjunction with Trust Clinical Practice Guidelines

FENTANYL (≤ 50 kg 25 micrograms/kg) (> 50 kg 1250 micrograms)		DATE																
DOSE microgram made up to 50 ml with 0.9% sodium chloride or 5% glucose Tick which solution to be used <input type="checkbox"/> <input type="checkbox"/>		HR																
MAXIMUM VOLUME in any 4 hour period excluding Loading Dose or Extra Bolus 20 ml		MIN																
PCA BACKGROUND 0 – 0.2 ml/hr BOLUS 0.5 – 2ml LOCKOUT 5 – 10 min	DOSE RANGE 0 – 0.2 ml/hr 0.5 – 2ml 5 – 10 min	ROUTE IV	• EXTRA BOLUS DOSE															
NCA BACKGROUND 0 – 1 ml/hr BOLUS 0.5 – 1 ml LOCKOUT 20 – 30 min LOCKOUT ICU ONLY 5 minutes	DOSE RANGE 0 – 1 ml/hr 0.5 – 1 ml 20 – 30 min 5 minutes		• LOAD DOSE															
LOADING DOSE or EXTRA BOLUS Fentanyl: 0.25 – 1 microgram/kg (0.5-2 ml) MAX DOSE: 1 microgram/kg to max of 50 microgram		•SYRINGE CHANGE																
START DATE	SIGNATURE	BLEEP	SIGN															
		0577																
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		MIN														
micrograms		MAX FREQ		DOSE GIVEN														
		STAT																
START DATE	SIGNATURE	BLEEP	ROUTE															
		0577																
PHARMACY USE			SIGN															

Protocol overleaf

Protocol for the use of Intravenous PCA / NCA

Fentanyl

Use in conjunction with Pain Management 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 or as part of an opioid rotation plan.

General instructions

- No supplementary opioids unless requested by the Anaesthetist or Pain Control Service
- Line for IV opioids should be exclusive or an anti-reflux valve must be used
- An anti-syphon line must be used
- Record observations according to Clinical Practice Guidelines (at least hourly)
- Assess for pain and potential opioid related side-effects hourly while on NCA/PCA, and for 6 hours after cessation
- Multi-modal / synergistic analgesia** – ensure it is prescribed and administered
- Treatment of side-effects:
 - Nausea & vomiting:** Give antiemetics as prescribed
 - Itching:** Antihistamine as prescribed
 - Over sedation:** See Sedation Scale
 - Respiratory depression:** Assess child and if respiratory depression is suspected:
 - Stop infusion
 - Give Naloxone as prescribed
 - Call Pain Control Service
 - Document actions in the child's records

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

Intravenous

weight		drug and dose			concentration
Up to 50 kg		Fentanyl 25 microgram/kg made up to 50 ml with 0.9% sodium chloride or glucose 5%			1 ml = 0.5 microgram/kg (Max 4 hrly dose: 20 mls)
SUGGESTED INITIAL PROGRAM		Loading dose (ml)	Background inf (ml/hr)	Bolus dose (ml)	Lockout (mins)
PCA	standard	0.5 to 2	0 or 0.2	0.5 or 1	5 or 10
NCA	standard	0.5 to 2	0, 0.2, 0.5 or 1	0.5 or 1	20 or 30
NCA	in ICU areas	0.5 to 2	0, 0.2, 0.5 or 1	0.5 or 1	5
NCA	neonates & infants < 5 kg	0.5 to 2	0	0.5	20

weight		drug and dose			concentration
Over 50 kg		Fentanyl 1250 microgram made up to 50 ml with 0.9% sodium chloride or glucose 5%			1 ml = 25 microgram (Max 4 hrly dose: 20 mls)
SUGGESTED INITIAL PROGRAM		Loading dose (ml)	Background inf (ml/hr)	Bolus dose (ml)	Lockout (mins)
PCA	standard	0.5 to 2	0 or 0.2	1 or 2	5 or 10
NCA	standard	0.5 to 2	0, 0.2, 0.5 or 1	1	20 or 30
NCA	in ICU areas	0.5 to 2	0, 0.2, 0.5 or 1	1	5