

# 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  
Morphine  
only**

SURNAME	FIRST NAME	HOSPITAL NUMBER	D.O.B.	AGE	WEIGHT
---------	------------	-----------------	--------	-----	--------

ALLERGIES ?	SPECIAL INSTRUCTIONS
	<ul style="list-style-type: none"> <li>Ensure protocol is printed on the back of this prescription</li> <li>Use in conjunction with Trust Clinical Practice Guidelines</li> </ul>

<b>MORPHINE</b> (≤ 50 kg one mg/kg) (> 50 kg 50 mg)		DATE															
		HR															
DOSE mg 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"/>		MIN															
<b>PCA</b> BACKGROUND 0 – 0.2 ml/hr BOLUS 0.5 – 2ml LOCKOUT 5 – 10 min		ROUTE  <b>IV</b>	• EXTRA BOLUS DOSE														
<b>NCA</b> BACKGROUND 0 – 1 ml/hr BOLUS 0.5 – 1ml LOCKOUT 20 – 30 min LOCKOUT ICU ONLY 5 minutes			• LOAD DOSE														
<b>LOADING DOSE or EXTRA BOLUS</b> Morphine: 10 – 100 micrograms/kg (0.5 - 5ml) MAX DOSE: 100 microgram/kg to max of 5 mg		• SYRINGE CHANGE															
START DATE	SIGNATURE	BLEEP	SIGN														
		0577															
PHARMACY USE																	

## AS REQUIRED DRUGS

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

Protocol overleaf

# Protocol for the use of Intravenous PCA / NCA Morphine

Use in conjunction with Pain Management Chart and Clinical Practice Guidelines

## 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:
    1. Stop infusion
    2. Give Naloxone as prescribed
    3. Call Pain Control Service
    4. 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	
<b>Up to 50 kg</b>		<b>Morphine 1 mg/kg</b> made up to 50 ml with 0.9% sodium chloride or 5% glucose		<b>1 ml = 20 microgram/kg</b> (Max 4 hrly dose: 20 mls)	
<u>suggested initial program</u>		<u>Loading dose (ml)</u>	<u>Background inf (ml/hr)</u>	<u>Bolus dose (ml)</u>	<u>Lockout (mins)</u>
<b>PCA</b>	standard	2.5 or 5	0 or 0.2	0.5 or 1	5 or 10
<b>NCA</b>	standard	2.5 or 5	0, 0.2, 0.5 or 1	0.5 or 1	20 or 30
<b>NCA</b>	in ICU areas	2.5 or 5	0, 0.2, 0.5 or 1	0.5 or 1	5
<b>NCA</b>	neonates & infants < 5 kg	1 or 2.5	0	0.5	20

weight		drug and dose		concentration	
<b>Over 50 kg</b>		<b>Morphine 50 mg</b> made up to 50 ml with 0.9% sodium chloride or 5% glucose		<b>1 ml = 1 mg</b> (Max 4 hrly dose: 20 mls)	
<u>suggested initial program</u>		<u>Loading dose (ml)</u>	<u>Background inf (ml/hr)</u>	<u>Bolus dose (ml)</u>	<u>Lockout (mins)</u>
<b>PCA</b>	standard	2.5 or 5	0 or 0.2	1 or 2	5 or 10
<b>NCA</b>	standard	2.5 or 5	0, 0.2, 0.5 or 1	1	20 or 30
<b>NCA</b>	in ICU areas	2.5 or 5	0, 0.2, 0.5 or 1	1	5