PRESCRIPTION CHART

Intravenous Nurse/Patient Controlled Analgesia

WARD

Pain Control Service Great Ormond Street Hospital for Children

IV NCA / PCA
Oxycodone
+ Ketamine

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

HOSPITAL NUMBER SURNAME FIRST NAME D.O.B. **AGE** WEIGHT SPECIAL INSTRUCTIONS **ALLERGIES?** • Ensure protocol is printed on the back of this prescription • Use in conjunction with Trust Clinical Practice Guidelines **OXYCODONE** DATE (≤ 50 kg one mg/kg) (> 50 kg 50 mg) DOSE MAXIMUM VOLUME in any 4 hour period excluding Loading Dose or Extra Bolus HR 20 + KETAMINE MIN (≤ 50 kg 1 or 2 mg/kg) (> 50 kg 50 or 100 mg) **DOSE** ma made up to 50 ml with 0.9% sodium chloride or 5% glucose Tick which solution to be used DOSE RANGE ROUTE **PCA** EXTRA BACKGROUND $0 - 0.2 \, \text{ml/hr}$ **BOLUS BOLUS** 0.5 - 2 mlDOSE LOCKOUT $5 - 10 \, min$ **DOSE RANGE** NCA BACKGROUND 0 – 1 ml/hr IV **BOLUS** $0.5 - 1 \, ml$ LOCKOUT 20 - 30 min LOCKOUT ICU ONLY 5 minutes LOAD DOSE LOADING DOSE OR EXTRA BOLUS Oxycodone: 10 - 100 micrograms/kg (0.5-5ml) SYRINGE MAX DOSE: 100 microgram/kg to max of 5mg CHANGE START DATE SIGNATURE BLEEP 0577 SIGN PHARMACY USE **AS REQUIRED DRUGS NALOXONE** For respiratory depression DATE DOSE other ROUTE(S) Additional instructions PRN 4 micrograms/kg IV MIN (Max 200 mcg) RESP RATE MAX FREQ DOSE **GIVEN** STAT micrograms START DATE BLEEP SIGNATURE ROUTE breaths/min 0577 **PHARMACY USE**

Protocol for the use of Oxycodone + Intravenous PCA/NCA Ketamine

Use in conjunction with Pain Management Chart and Clinical Practice Guidelines

Special Precautions

- Oxycodone is an alternative opioid, which may be used for patients who have a contra-indication to morphine and fentanyl or as part of an opioid rotation plan.
- Ketamine should only be prescribed after discussing the patient with an Anaesthetist or the Pain Control Service

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:

weight

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:

solution

1. Stop infusion

drug and dose

(ml)

2.5 or 5

2.5 or 5

2.5 or 5

2. Give Naloxone as prescribed 3. Call Pain Control Service Document actions in the child's records

concentration

(mins)

5 or 10

20 or 30

5

(ml)

1 or 2

1

1

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

Intravenous

worgin		arag ara asso	Solution		3311331111411311	
Up to 50 kg		Oxycodone 1 mg/kg	<i>(</i>) microgram/kg	
		AND	made up to 50 ml with 0.9% sodium chloride or		hrly dose: 20 mls)	
		Ketamine 1 or 2 mg/			or 40 microgram/kg	
SUGGESTED INITIAL PROGRAM		Loading dose (ml)	Background inf (ml/hr)	Bolus dose (ml)	Lockout (mins)	
PCA	standard	2.5 or 5	0 or 0.2	0.5 or 1	5 or 10	
NCA	standard	2.5 or 5	0, 0.2, 0.5 or 1	0.5 or 1	20 or 30	
NCA	in ICU areas	2.5 or 5	0, 0.2, 0.5 or 1	0.5 or 1	5	
NCA	neonates & infants < 5 kg	1 or 2.5	0	0.5	20	
weight		drug and dose	solution		concentration	
Over 50 kg		Oxycodone 50 mg			1 ml = 1 mg	
		AND made up to 50 ml		(Max 4 hrly dose: 20 mls)		
		0.9% sodium chloride or 5% gluc Ketamine 50 or 100 mg		=	1 ml = 1 or 2 mg	
SUGGESTED INITIAL		Loading dose	Background inf	Bolus dose	Lockout	

(ml/hr)

0 or 0.2

0, 0.2, 0.5 or 1

0, 0.2, 0.5 or 1

PROGRAM

standard

standard

in ICU areas

PCA

NCA

NCA