

## Orders – palliative care multi-ingredient PCA infusion

### Medication Management


#### Quick reference guide

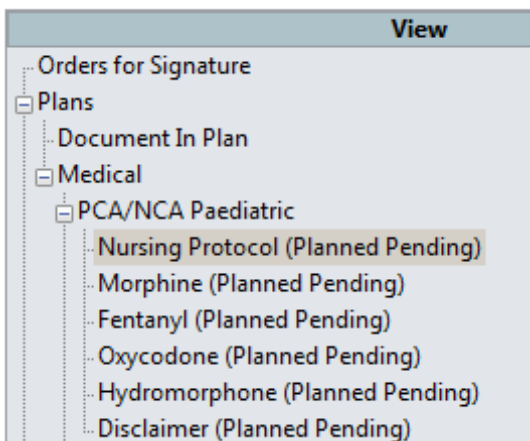
THIS WORKFLOW IS ONLY APPROVED FOR USE BY THE PALLIATIVE CARE TEAM OR UNDER CONSULTANT DIRECTION.

Pain infusions not available within the PCA/NCA Paediatric PowerPlan (e.g. methadone PCA) can be created by changing/adding additive(s) as appropriate.

Note: For instructions on ordering **Double Strength/ Off Protocol, Modifying** and **Ceasing** Powerplan, please refer to the *PCA/NCA Paediatric Ordering QRG*

#### Order PCA/NCA Paediatric PowerPlan

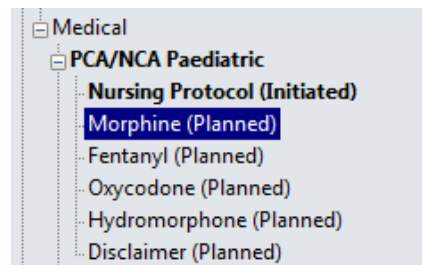
1. In **Orders** tab, **Add Order** and search for PCA.
2. Select **PCA/NCA Paediatric** PowerPlan  and click **Done**
3. Using the **View** panel on the **Orders** tab locate the Powerplan. There are 5 phases listed. The Nursing Protocol phase will be highlighted.



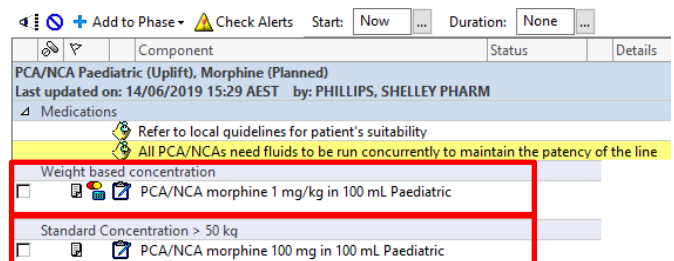
4. Select the **Initiate Now** button for Nursing Protocol phase (bottom right corner)




5. Click **Orders for Signature** and then **Sign**
  - Registered Nursing staff may initiate Nursing Protocol phase if needed.
  - Observations in Nursing Protocol can be adjusted for palliative care patients.
6. Next select the required opioid phase by clicking on the phase name in the **View** panel e.g. morphine



7. Two orders are available within the specific opioid phase:
  - a. **Weight-based concentration** - order to be used **for patients less than 50 kg** (dose based per kg of body weight in 100 mL) – see page 2.
  - b. **Standard Concentration** - order to be used **for patients 50kg and greater** (e.g. morphine 100 mg in 100 mL) – see page 3.



Click on Reference Text icon  to see suggested bolus amount, lockout intervals and local guideline

8. Tick the box  next to the appropriate order

**PCANCA for patients less than 50 kg –**

**Use Weight-based concentration**

1. *Dosage calculator* fires
2. Review **Target dose** and **Final dose**

1) Target dose:	1	mg/kg	
2) Calculated dose:	7.986	mg	
3) Dose Adjustment:	7.986	mg	100 %
4) Final dose:	7.986	mg	1 mg/kg
5) Standard dose:	7.9	mg	0.9892 mg/kg

3. Apply a feasible dose to the order  
**(See Note below)**

**Note:** To ensure the dose ordered is a measurable amount, select:

Apply Standard Dose

for **Morphine** and **Oxycodone**

Apply Dose

for **Fentanyl** and **Hydromorphone**

4. If Order Entry Field (OEF) is not available at bottom of screen, *Left click* on order details to highlight and open up the OEF. This allows review and completion of order parameters.

**Note:** Order parameters need to be completed before order can be Initiated

5. Left click on the order and navigate to the Order Entry Field at the bottom of the window.

6. Click on the *Add Additive* icon

Details for **morphine weight based additive 20 mg**

Details Continuous Details Order Comments Offset Details

Base Solution	Bag Volume	Rate
sodium chloride 0.9% for Pain Infusion Paed	100 mL	Pain Infus
Additive	Additive Dose	Normalized Rate
morphine weight based additive	20 mg	
Total Bag Volume		100 mL

7. Search for required additive
8. **Single** click on the medication to add it to the infusion as an additive.

**Note:** Once a medication has been selected, the search window will remain open to allow you to continue searching for and adding any further additives as necessary.

9. Repeat the search to continue adding additional medications as required.

TESTING, LCCH1 - Add Order

Search: midaz

Search within: Additive

- midazolam additive
- midazolam subcut pump additive

10. Once all required medication additives have been selected, click on *Done*.

11. In the **Continuous Details** tab:
  - a. Specify the **Volume** base solution
  - b. Specify the **Dose** of additive(s)

Details for **morphine additive 100 mg + midazolam additive 50 mg + sodium**

Details Continuous Details Diagnoses

Base Solution	Bag Volume	Rate	Infuse Over
sodium chloride 0.9% for PCA (mL) (continuous	100 mL	PCA	
Additive	Additive Dose	Normalized Rate	Delivers
morphine additive	100 mg		
midazolam additive	50 mg		
Total Bag Volume		100 mL	

12. Click on the **Details** tab, complete the following order parameters:

- i. **Infusion Technique** – PCA or NCA
- ii. **Bolus Dose Amount (mL)**
- iii. **Lockout Time (minutes)**



If a background infusion is required complete:

- iv. Initial Infusion Rate (mL/hr)
- v. Continuous infusion rate range e.g. 0 - 2
- vi. Continuous infusion rate range unit mL/hr
- vii. Titrate instructions e.g. 0.5 mL/hr

13. Click on **Continuous Details** tab and review

Details for morphine weight based additive 45 mg + sodium		
<span>Details</span>   <b>Continuous Details</b>   <span>Order Comments</span>   <span>Offset Details</span>   <span>Diagnoses</span>		
Base Solution	Bag Volume	Rate
sodium chloride 0.9% for Pain Infusion Paed	100 mL	Pain Infusion
Additive	Additive Dose	Normalized Rate
morphine weight based additive	45 mg	
Total Bag Volume	100 mL	
Weight:	Weight Type:	Result dt/tm:

14. If required, additional instructions can be added to **Order Comments** tab e.g. PCA/NCA Cessation Protocol from xx/xx/xx (date)

▼ Details for morphine weight based additive 45 mg + sodium

Details for morphine weight based additive 45 mg + sodium		
<span>Details</span>   <span>Continuous Details</span>   <b>Order Comments</b>   <span>Offset Details</span>   <span>Diagnoses</span>		
Order comments		
Use PCA/NCA Cessation protocol from 22/2/19		
Minimum of 60 minutes between rate changes		
Target Dose: morphine weight based additive 1 mg/kg 22/Feb/2019 16:21:10		

15. **Reversal Orders** - naloxone dose will auto populate based on the patient's weight. If the weight is not current the dose field needs to be completed; all other fields will be prepopulated.

**See page 3 for how to complete naloxone if weight is not current**


16. **Consult to Acute Pain Service** order is preselected. This sends a referral to APS – untick if not required e.g. oncology or palliative care team to manage

17. Ensure all orders for the phase are completed:

- PCA/NCA opioid ordered
- Naloxone
- Consult to APS

18. Click **Initiate Now**

19. Click **Orders for Signature** with opportunity for final review and then **Sign**

20. Review PCA/NCA and Naloxone orders on the **MAR** (identified with  icon)

**NOTE:** If you make a mistake you can *Right Click and Reset* a single order, a phase or the whole plan before clicking **Sign**

### PCA/NCA for Patients 50 kg And Greater – Use Standard Concentration

1. Dosage calculator does not fire for Standard Concentration
2. To review and complete order parameters, tick the box  next to the appropriate order and:
  - a. **Right click** & select **Modify**, or
  - b. **Double click** the **'Details'** column
3. **Repeat Steps 6-20** of instructions for Weight-based concentraion order (above)

### Prescribing Naloxone if Weight is Not Current

1. Click the **drop-down arrow** within the naloxone order
 

naloxone ▼ mcg, Solution, injectable, IV, INITIATE EMERGENCY CALL
2. A list will appear - Select the most appropriate order based on patient's weight

20 mcg, Solution, injectable, IV, every 2 minutes, PRN

30 mcg, Solution, injectable, IV, every 2 minutes, PRN

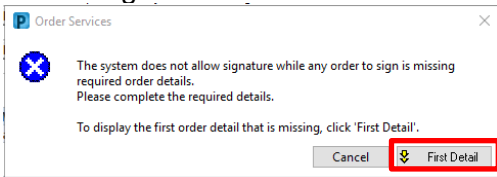
40 mcg, Solution, injectable, IV, every 2 minutes, PRN

**Scroll right** to see weight bands if needed

sedation score < 2. Maximum	6 - 11 kg
s sedation score < 2. Maximu	11 - 16 kg
sedation score < 2. Maximum	16 - 21 kg



3. If this step is missed a reminder will appear before Sign. Click **First Detail** button



4. Complete the Dose field (Dosing guidance is in the **Special instructions**).

