

Adult Inpatient Pain Anaesthetic Drug (IPAD) chart

DRUG ALLERGIES (MUST BE COMPLETED)				S No.	
No Known allergies <input type="checkbox"/>		SIGN	DATE	Patients name	
Medicine	Reaction			ADDRESSOGRAPH	
				Date of birth	

Anti-emetics, Simple Analgesia and Long Term (Drug History) Analgesia should all be prescribed on the Patient's Main Drug Chart where appropriate

IV MORPHINE BOLUS PROTOCOL - RECOVERY ROOMS/ITAPS ONLY					
MEDICINE: MORPHINE SULFATE			DATE		
PREPARATION (PLEASE TICK): <input type="checkbox"/> 100mg in 100mL PCA Bag <input type="checkbox"/> 10mg made up to 10mLs with 0.9% Sodium Chloride			TIME		
DATE:	DOSE: 0-10 mg = 0 - 10 mL		DOSE		
Morphine Protocol for severe post-operative pain in the recovery room			ROUTE: IV/PCA		
SIGN	PRINT	GIVEN / CHECKED			

AS REQUIRED MEDICINES					
MEDICINE: NALOXONE			DATE		
DATE:	FOR RESPIRATORY DEPRESSION SECONDARY TO OPIOIDS, RESPIRATORY RATE <8		TIME		
DOSE: 100-400 MICROGRAMS	ROUTE: IV	MAX FREQUENCY: PRN	DOSE		
SIGN	GIVE FIRST DOSE WITHOUT DELAY		GIVEN		
PRINT	BLEEP	PHARM	SUPPLY	CHECKED	

MEDICINE: MORPHINE SULFATE BOLUS			DATE		
DATE:	FOR SEVERE POST OPERATIVE PAIN		TIME		
DOSE: 0-5mg	ROUTE: IV/PCA	MAX FREQUENCY: ONCE ONLY	DOSE		
SIGN	TO BE GIVEN BY PAIN NURSES ONLY		ROUTE		
PRINT	BLEEP	PHARM	SUPPLY	GIVEN / CHECKED	

AS REQUIRED MEDICINES

INTRAVENOUS PATIENT CONTROLLED ANALGESIA (IV PCA)

MORPHINE (concentration: 1mg/ml)				DATE					
DATE:	ROUTE: intravenous (IV)			TIME					
FOR POST OPERATIVE PAIN / SEVERE ACUTE PAIN				STANDARD PCA DOSE		DOSE			
BOLUS DOSE: 1mg	LOCKOUT: 5 mins			ROUTE					
SIGN	BLEEP	PHARM	SUPPLY	GIVEN					

MORPHINE (concentration: 1mg/ml)				DATE					
DATE:	ROUTE: intravenous (IV)			TIME					
FOR POST OPERATIVE PAIN				RENAL PCA DOSE		DOSE			
BOLUS DOSE: 0.5mg	LOCKOUT: 10 mins			ROUTE					
SIGN	BLEEP	PHARM	SUPPLY	GIVEN					

THESE IV PCA REGIMES ARE NON-STANDARD AND SHOULD ONLY BE PRESCRIBED BY THE PAIN TEAM/ANAESTHETISTS

MORPHINE (concentration: 1mg/ml)				DATE					
DATE:	ROUTE: intravenous (IV)			TIME					
FOR POST OPERATIVE PAIN / SEVERE ACUTE PAIN				BACKGROUND INFUSION 0-5 mls per hour		DOSE			
BOLUS DOSE:	LOCKOUT: 5 mins			ROUTE					
SIGN	BLEEP	PHARM	SUPPLY	GIVEN					

FENTANYL (concentration: 10 microgram/ml)				DATE					
DATE:	ROUTE: intravenous (IV)			TIME					
FOR POST OPERATIVE PAIN / SEVERE ACUTE PAIN				DOSE					
BOLUS DOSE: 10 microgram	LOCKOUT: 5 mins			ROUTE					
SIGN	BLEEP	PHARM	SUPPLY	GIVEN					

DRUG:				DATE					
DATE:	ROUTE: intravenous (IV)			TIME					
FOR POST OPERATIVE PAIN / SEVERE ACUTE PAIN				DOSE					
BOLUS DOSE:	LOCKOUT:			ROUTE					
SIGN	BLEEP	PHARM	SUPPLY	GIVEN					

AS REQUIRED MEDICINES

EPIDURAL ANALGESIA (NON-OBSTETRIC)

LEVOBUPIVACAINE 0.1% with FENTANYL 2 MICROGRAM/ML 250ML BAG					DATE					
DATE:	ROUTE: EPIDURAL				TIME					
INFUSION RATE	BOLUS DOSE: 2mls				VOLUME					
PATIENT CONTROLLED (PCEA) YES <input type="checkbox"/> NO <input type="checkbox"/>		LOCKOUT: 30 mins			GIVEN					
INDICATION: POST OPERATIVE PAIN					CHECKED					
SIGN	PRINT	BLEEP	PHARM	SUPPLY						
LEVOBUPIVACAINE 0.125% with FENTANYL 4 MICROGRAM/ML 500ML BAG					DATE					
DATE:	ROUTE: EPIDURAL				TIME					
INFUSION RATE	BOLUS DOSE: 2mls				VOLUME					
PATIENT CONTROLLED (PCEA) YES <input type="checkbox"/> NO <input type="checkbox"/>		LOCKOUT: 30 mins			GIVEN					
INDICATION: POST OPERATIVE PAIN					CHECKED					
SIGN	PRINT	BLEEP	PHARM	SUPPLY						
LEVOBUPIVACAINE 0.125% (1.25MGS/ML)					DATE					
DATE:	ROUTE: EPIDURAL				TIME					
INFUSION RATE	BOLUS DOSE: 2mls				VOLUME					
PATIENT CONTROLLED (PCEA) YES <input type="checkbox"/> NO <input type="checkbox"/>		LOCKOUT: 30 mins			GIVEN					
INDICATION: POST OPERATIVE PAIN					CHECKED					
SIGN	PRINT	BLEEP	PHARM	SUPPLY						

AS REQUIRED MEDICINES

LOCAL ANAESTHETIC INFUSION

0.125% BUPIVACAINE 250mL CASSETTE				DATE					
DATE:	ROUTE (SELECT): WOUND INFUSION <input type="checkbox"/> NERVE BLOCK <input type="checkbox"/>			TIME					
INFUSION RATE 0-10 mL/hr	SITE:								
For use with a CADD Solis Wound Infusion Pump				ROUTE					
INDICATION: FOR POST OPERATIVE PAIN	BLEEP	PHARM	SUPPLY	GIVEN					
SIGN	PRINT			CHECKED					
0.25% BUPIVACAINE 250mL CASSETTE				DATE					
DATE:	ROUTE (SELECT): WOUND INFUSION <input type="checkbox"/> NERVE BLOCK <input type="checkbox"/>			TIME					
INFUSION RATE 0-10 mL/hr	SITE:								
For use with a CADD Solis Wound Infusion Pump				ROUTE					
INDICATION: FOR POST OPERATIVE PAIN	BLEEP	PHARM	SUPPLY	GIVEN					
SIGN	PRINT			CHECKED					
0.25% BUPIVACAINE 250mL DOSIFUSOR				DATE					
DATE:	ROUTE (SELECT): WOUND INFUSION			TIME					
INFUSION RATE 5.2 mL/hr	SITE:								
DURATION: 48 HOURS				ROUTE					
INDICATION: FOR POST OPERATIVE PAIN	BLEEP	PHARM		GIVEN					
SIGN	PRINT			CHECKED					