

# Adult Inpatient Pain Anaesthetic Drug (IPAD) chart

DRUG ALLERGIES (MUST BE COMPLETED)				S No. <b>E15589702</b>
No Known allergies <input checked="" type="checkbox"/>		SIGN	DATE	Patients name <b>MARY WATKINS</b>
Medicine	Reaction			
				ADDRESSOGRAPH
				Date of birth <b>16/11/1940</b>

**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: <b>MORPHINE SULFATE</b>			DATE		
PREPARATION (PLEASE TICK): <input checked="" type="checkbox"/> 100mg in 100mL PCA Bag <input type="checkbox"/> 10mg made up to 10mLs with 0.9% Sodium Chloride			TIME	<b>1400</b>	
DATE:	DOSE: <b>0-10 mg = 0 - 10 mL</b>		DOSE	<b>5 mg</b>	
<b>Morphine Protocol for severe post-operative pain in the recovery room</b>			ROUTE: <b>IV/PCA</b>	<b>PCA</b>	
SIGN <b>Holmes</b>	PRINT <b>C. HOLMES</b>		GIVEN / CHECKED		

AS REQUIRED MEDICINES					
MEDICINE: <b>NALOXONE</b>			DATE		
DATE: <b>01/02/24</b>	<b>FOR RESPIRATORY DEPRESSION SECONDARY TO OPIOIDS, RESPIRATORY RATE &lt;8</b>		TIME		
DOSE: <b>100-400 MICROGRAMS</b>	ROUTE: <b>IV</b>	MAX FREQUENCY: <b>PRN</b>	DOSE		
SIGN <b>Holmes</b>	<b>GIVE FIRST DOSE WITHOUT DELAY</b>		GIVEN		
PRINT <b>C. HOLMES</b>	BLEEP <b>123</b>	PHARM	SUPPLY	CHECKED	

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

## AS REQUIRED MEDICINES

### INTRAVENOUS PATIENT CONTROLLED ANALGESIA (IV PCA)

<b>MORPHINE (concentration: 1mg/ml)</b>				DATE	1/02				
DATE: 01/02/24	ROUTE: <b>intravenous (IV)</b>			TIME	1400				
<b>FOR POST OPERATIVE PAIN / SEVERE ACUTE PAIN</b>				<b>STANDARD PCA DOSE</b>		DOSE	1mg		
BOLUS DOSE: <b>1mg</b>	LOCKOUT: <b>5 mins</b>			ROUTE	PCA				
SIGN Holmes	BLEEP 123	PHARM	SUPPLY	GIVEN	Holmes				

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

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

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

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

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

**AS REQUIRED MEDICINES**

**EPIDURAL ANALGESIA (NON-OBSTETRIC)**

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

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

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

## AS REQUIRED MEDICINES

### LOCAL ANAESTHETIC INFUSION

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