GUIDELINES FOR NURSE CONTROLLED AND PATIENT CONTROLLED

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Children's Health Ireland ANALGESIA MORPHINE INFUSION

PATIENT CONTROLLED ANALGESIA MORPHINE Suggested PCA settings in bold and underlined. Modify according to procedure and patient.					
PCA STANDARD INFUSION		Chile We	dren aged ≥ 7 years, eight >5kg to 50kg	Children weight ≥ 50kg	
Opioid Dilution		1mg/kg Morphine made up to a total of 50 ml in Glucose 5% or Sodium Chloride 0.9%		50mg Morphine made up to a total of 50ml in Glucose 5% or Sodium Chloride 0.9%	
Concentration		20 microgram/kg/ml		1mg/ml	
Loading Dose (only if no other opioid previously administered)		50 or 100microgram/kg** (2.5 or 5ml)		50 or 100microgram/kg** (max 5mg) (2.5 or 5ml)	
Background Infusion		0, 0.2, 0.5 , 1ml/hr (0, 4, 10, or 20 microgram/kg/hr)		0, 0.2, <u>0.5</u> or 1ml/hr (0 , 0.2mg, <u>0.5mg</u> or 1mg/hr)	
Bolus Dose		0.5 to <u>1ml</u> 10 or <u>20 microgram/kg</u>		<u>1</u> or 2ml(1mg or 2mg)	
Lockout time			<u>5</u> to 10 minutes	<u>5</u> to 10 minutes	
Maximum 4 hourly Dose		400	microgram/kg (20ml)	20mgs (20ml)	
NURSE CONTROLLED ANALGESIA MORPHINE Suggested NCA settings in bold and underlined. Modify according to procedure and patient.					
	Neonates & Infants <5KG*				
INFUSION	Neonates <5K	& Infants G*	Children> 5kg to 49kg	Children >50kg	
Opioid Dilution	Neonates <5K 0.5mg/kg Mor up to total of Glucose 5% chloride 0.9%	& Infants G* r phine made of 50 ml in or Sodium	Children> 5kg to 49kg 1mg/kg Morphine made up to total 50 ml in Glucose 5% or Sodium chloride 0.9%	Children >50kg 50mg Morphine made up to total 50ml in Glucose 5% or Sodium chloride 0.9%	
Opioid Dilution Concentration	Neonates <5K 0.5mg/kg Mot up to total of Glucose 5% chloride 0.9% 10microgr	& Infants G* rphine made of 50 ml in or Sodium am/kg/ml	Children> 5kg to 49kg 1mg/kg Morphine made up to total 50 ml in Glucose 5% or Sodium chloride 0.9% 20microgram/kg/ml	Children >50kg 50mg Morphine made up to total 50ml in Glucose 5% or Sodium chloride 0.9% 1mg/ml	
NCA STANDARD INFUSION Opioid Dilution Concentration Loading Dose (only if no other opioid received)	Neonates <5K 0.5mg/kg Mor up to total of Glucose 5% chloride 0.9% 10microgr 20-100micro Max dose 1000	& Infants G* rphine made of 50 ml in or Sodium am/kg/ml ogram/kg** microgram/kg	Children> 5kg to 49kg 1mg/kg Morphine made up to total 50 ml in Glucose 5% or Sodium chloride 0.9% 20microgram/kg/ml 50 or 100microgram/kg** (2.5 to 5ml)	Children >50kg50mg Morphine made up to total 50ml in Glucose 5% or Sodium chloride 0.9%1mg/ml50 or 100microgram/kg** (max 5mg) (2.5 or 5ml)	
NCA STANDARD INFUSION Opioid Dilution Concentration Loading Dose (only if no other opioid received) Background Infusion	Neonates <5K 0.5mg/kg Mor up to total of Glucose 5% chloride 0.9% 10microgr 20-100micro Max dose 1000 0, 0.5 or (0, 5 10 microgr	& Infants G* rphine made of 50 ml in or Sodium am/kg/ml ogram/kg** microgram/kg 1ml/hr or am/kg/hr)	Children> 5kg to 49kg 1mg/kg Morphine made up to total 50 ml in Glucose 5% or Sodium chloride 0.9% 20microgram/kg/ml 50 or 100microgram/kg** (2.5 to 5ml) 0, 0.2, 0.5, 1ml/hr (0, 4, <u>10</u> , or 20 microgram/kg/hr)	Children >50kg 50mg Morphine made up to total 50ml in Glucose 5% or Sodium chloride 0.9% 1mg/ml 50 or 100microgram/kg** (max 5mg) (2.5 or 5ml) 0, 0.5 or 1ml/hr (0, 0.5mg or 1mg/hr)	
NCA STANDARD INFUSION Opioid Dilution Concentration Loading Dose (only if no other opioid received) Background Infusion Bolus Dose	Neonates <5K	& Infants G* rphine made of 50 ml in or Sodium am/kg/ml ogram/kg** microgram/kg 1ml/hr or am/kg/hr) 1ml rogram/kg)	Children> 5kg to 49kg 1mg/kg Morphine made up to total 50 ml in Glucose 5% or Sodium chloride 0.9% 20microgram/kg/ml 50 or 100microgram/kg** (2.5 to 5ml) 0, 0.2, 0.5, 1ml/hr (0, 4, <u>10,</u> or 20 microgram/kg/hr) 0.5 to <u>1ml</u> (10 or 20 microgram/kg)	Children >50kg 50mg Morphine made up to total 50ml in Glucose 5% or Sodium chloride 0.9% 1mg/ml 50 or 100microgram/kg** (max 5mg) (2.5 or 5ml) 0, 0.5 or 1ml/hr (0, 0.5mg or 1mg/hr) 1 or 2ml (1 or 2mg)	
NCA STANDARD INFUSION Opioid Dilution Concentration Loading Dose (only if no other opioid received) Background Infusion Bolus Dose Lockout time	Neonates <5K	& Infants G* rphine made of 50 ml in or Sodium am/kg/ml am/kg/ml ogram/kg** microgram/kg 1ml/hr or am/kg/hr) 1ml ogram/kg) minutes	Children> 5kg to 49kg 1mg/kg Morphine made up to total 50 ml in Glucose 5% or Sodium chloride 0.9% 20microgram/kg/ml 50 or 100microgram/kg/ml 50 or 100microgram/kg/ml 0, 0.2, 0.5, 1ml/hr (0, 4, <u>10,</u> or 20 microgram/kg/hr) 0.5 to <u>1ml</u> (10 or 20 microgram/kg) 15 or <u>20</u> minutes	Children >50kg50mg Morphine made up to total 50ml in Glucose 5% or Sodium chloride 0.9%1mg/ml50 or 100microgram/kg** (max 5mg) (2.5 or 5ml)0, 0.5 or 1ml/hr (0, 0.5mg or 1mg/hr)1 or 2ml (1 or 2mg)15 or 20 minutes	

*Babies (birth-12 weeks) undergoing multiple surgeries may require more morphine than their age suggests

** Loading Dose: Administered over 5mins with Respiratory & SaO2 monitoring only if no other opioid received.

NB: This guide is intended for use in children who are opioid naïve. Children who have been on oral or IV opioids including opioid transdermal patch or children with conditions associated with severe pain, (major surgery, sickle cell disease, cancer, and severe burn injury) may have higher opioid requirements.

Infusion rates higher than this guideline is at the discretion of the Pain service, consultant anaesthesiologist, consultant Intensivist, primary consultant.

Antiemetic's should also be prescribed.

Regular paracetamol +/- ibuprofen or diclofenac +/- clonidine.

GUIDELINES FOR NURSE CONTROLLED AND PATIENT CONTROLLED

CHI ANALGESIA MORPHINE INFUSION

General Instructions

- No supplementary opiates unless ordered by the Anaesthetist, palliative care or Pain service
- Line for IV opiates should be exclusive or an anti-reflux valve (protect-a-line 2) must be used
- Maintain IV access during pain management.
- Treatment of:
 - Call Pain service on bleep 8300 or 8528 out of hours Inadequate analgesia
 - **Nausea and Vomiting**
- Itching
- Antiemetic's, Ondansetron as prescribed
- Anti-histamine or low dose naloxone

Sedation AVPU

A: awake, arousable, alert

V: responds to voice only (drowsy and sleepy. Child may be sedated from opioid)

P: responds to pain stimulus only (deeply asleep, arousable only with deep or significant physical or painful stimulus: Action: Stop opioid, perform GCS. If opioid related over-sedation, contact anaesthetist on bleep 8528, and/or CNS Acute Pain, bleep 8300. Child may require naloxone.

U: unresponsive. Action: Stop Opioid. Stimulate the child, administer oxygen, Call 2222, perform GCS. Give naloxone to reverse opioid.

Analgesic Interventions

0:	No Pain	
1-3:	Mild Pain	NCA: Give bolus 10 minutes before activity. PCA: encourage bolus 10 minutes before
		activity
4-6:	Moderate Pain	NCA: Give Bolus. PCA: encourage bolus
7-10:	Severe Pain	NCA or PCA: Pain uncontrolled with 3 boli/hr & adjunctive analgesia. Contact Pain
		Service

Nausea and Vomiting

0: No vomit

- 1: Nausea
- 2: Vomit
- 3: Vomit more than 3 in last hour

ITCH

- 0: No Itch 1: slight 2: Moderate
- 3: Severe

Sample prescription

child weight 35kg

PCA Morphine 35mgs made up to total of 50mls in Glucose 5% 1ml=700microgram (20microgram/kg/ml) 35x1000÷50=700 PCA: 1ml (20microgram/kg) Lockout 6 to 12 minutes Continuous infusion: 0 to 1ml/hr. Start at: 0.2ml/hr (4microgram/kg/hr) Maximum 4 hourly dose: 400microgram/kg 20mls