

HYDROmorphone Continuous Infusion High Alert K07002307 Jun/7/2002 M SCA,TEST Visit ER0000145/12 **HCN:** 22222222 Van den Hof, TEST / TEST, Maureen Dec/8/2012

			200,0,2012
Patient:			_
	cord Reviewed Adverse Reactions-Cau	□No Allergies Knov tions:	vn
Age	Patient's Weight	kg	Date of Patient's Weight
DIAGNOSIS	S:		
Items prece	eded by a bullet (•) are act	tive orders. Items prec	eded by a checkbox () are only actioned if checked (\checkmark)
For infants	s less than 6 months:		
HYDROn	norphone infusion must b	e prescribed by qualified	ed specialist as per institutional policy.
MEDICATI	ONS		
Discontin	nue all previous opioid med	dications	
• Use stan	dard HYDROmorphone c	oncentration according	g to weight:

- 20 kg and less: 0.05 mg/mL (or 50 micrograms/mL)
 - Greater than 20 kg: 0.2 mg/mL (or 200 micrograms/mL)

Initial bolus dose:

□ **HYDROmorphone** (usual range 2 to 8 micrograms/kg/dose)_____micrograms/kg/dose IV x 1 dose *Continuous infusion:*

• HYDROmorphone (usual range 2 to 8 micrograms/kg/hour) micrograms/kg/hour IV

Breakthrough doses:

HYDROmorphone (usual range 2 to 8 micrograms/kg/dose or hourly dose) micrograms/kg/dose IV every 30 minutes PRN

MONITORING

- Continuous pulse oximetry for first 24 hours. After first 24 hours, monitor when asleep or unattended and PRN: Notify most responsible prescriber if oxygen saturation is less than 93% and/or if oxygen requirements increase
- Heart rate, respiratory rate and depth, and sedation scale (while awake) Q1H for 24 hours after initiation or dose increase then Q2H unless respiratory rate is below limit (see reverse) or if breathing is shallow
- Blood pressure and pain assessment Q4H

If patient has a sedation score of 3 or higher <u>OR</u> respiratory rate is less than _____breaths/minute (see reverse for age-appropriate limits):

- Stimulate/rouse patient and encourage breathing
- STOP HYDROmorphone infusion
- Apply oxygen at 6 to 10L by face mask, check pulse oximetry
- Call most responsible prescriber and respiratory therapist

If patient is unarousable AND/OR oxygen saturation is less than 90% with oxygen:

- Call code blue
- STOP HYDROmorphone infusion
- Begin resuscitation and give naloxone
- Naloxone: _____mg (0.01 mg/kg/dose) IV (for patients less than 8 kg) every 2 to 3 minutes PRN
- □ 0.1 mg IV (for patients 8 to 14.9 kg) every 2 to 3 minutes PRN
- □ 0.2 mgIV (for patients 15 to 24.9 kg) every 2 to 3 minutes PRN
- 0.3 mgIV (for patients 25 to 34.9 kg) every 2 to 3 minutes PRN
- □ 0.4 mgIV (for patients greater than or equal to 35 kg) every 2 to 3 minutes PRN
- Stat page most responsible prescriber

DATE (yyyy/MON/dd)	Time (24hour/hh:mm)	Verified By (Signature)	Printed Surname
DATE (yyyy/MON/dd)	Time (24hour/hh:mm)	Verified By (Signature)	Printed Surname

Note: Page 2 contains Clinician Information

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Respiratory Rate Limits

Age	Respiratory Rate (breaths/minute)
Less than 6 months	30
6 to 12 months	20
1 to 2 years	16
2 to 10 years	10
11 years and older	8

Sedation Scale

1	None	Alert	
2	Mild	Occasionally drowsy, easy to arouse	
3	Moderate	Frequently drowsy, easy to arouse	
4	Severe	Somnolent, difficult to arouse	
5	Sleep	Normal sleep	