

# PAIN PUMP INFUSION ORDERS

PLEASE RETURN THIS FORM VIA FAX TO:

London: **519-472-4045** (for clients living in: London/Middlesex and Elgin counties)

Stratford: **519-273-2847** (for clients living in: Huron, Perth and Oxford counties)

Owen Sound: **519-371-5612** (for clients living in: Grey and Bruce counties)

**PLEASE PRINT. Addressograph Forms will not be accepted**

## CLIENT INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_\_\_

## DRUG INFORMATION

Drug: \_\_\_\_\_

Concentration: \_\_\_\_\_  mcg/mL  
 %/mL

Infusion Rate: \_\_\_\_\_ mg/hr

Bolus Dose: \_\_\_\_\_ mg Q \_\_\_\_\_ min PRN

*\*Best Practice Guidelines is that Bolus dose to be Q 30 min*

Mitte: \_\_\_\_\_ x100mL bags/cassettes

Drug: \_\_\_\_\_

Concentration: \_\_\_\_\_  mcg/mL  
 %/mL

Infusion Rate: \_\_\_\_\_ mg/hr

Bolus Dose: \_\_\_\_\_ mg Q \_\_\_\_\_ min PRN

*\*Best Practice Guidelines is that Bolus dose to be Q 30 min*

Mitte: \_\_\_\_\_ x100mL bags/cassettes

If using 2 drugs (physician to check with pharmacist if acceptable to mix medication):  
 1 Pump (Mix)  2 Pumps

Route:  IV  Subcutaneous  
 Epidural - \_\_\_\_\_

## PHYSICIAN INFORMATION

Physician: \_\_\_\_\_

CPSO #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_ After Hours Phone #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Signature Date: \_\_\_\_\_

## SPECIAL INSTRUCTIONS/COMMENTS

## WORK SHEET / QUICK REFERENCES

### CURRENT ORAL PAIN MANAGEMENT

Morphine: \_\_\_\_\_

Hydromorphone: \_\_\_\_\_

Oxycodone: \_\_\_\_\_

Fentanyl: \_\_\_\_\_

## PALLIATIVE OPIOID EQUIVALENCY CHART

Opioid	PO	SC/IV
Codeine	100	--
Morphine	10	5mg
Oxycodone	5-7.5	--
Hydromorphone	2	1
DURAGESIC 100ug/hr ~ Morphine SC 100mg/24hrs		

Once the patch is removed the fentanyl blood levels declined to ~50% after 15-20 hours. Begin full CSCI dose 4-8hrs after patch removal, or start with a rescue dose followed by full dose at 12hrs.

When switching from ANY Contin (long acting) Begin CSCI 6-9 hours after the last long acting dose.

*(Other Equianalgesic Tables exist. Also, some references suggest decreasing the dose of the new drug by 30% due to incomplete cross-tolerance – use professional judgment)*

Case Manager Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Nursing Agency Assigned: \_\_\_\_\_