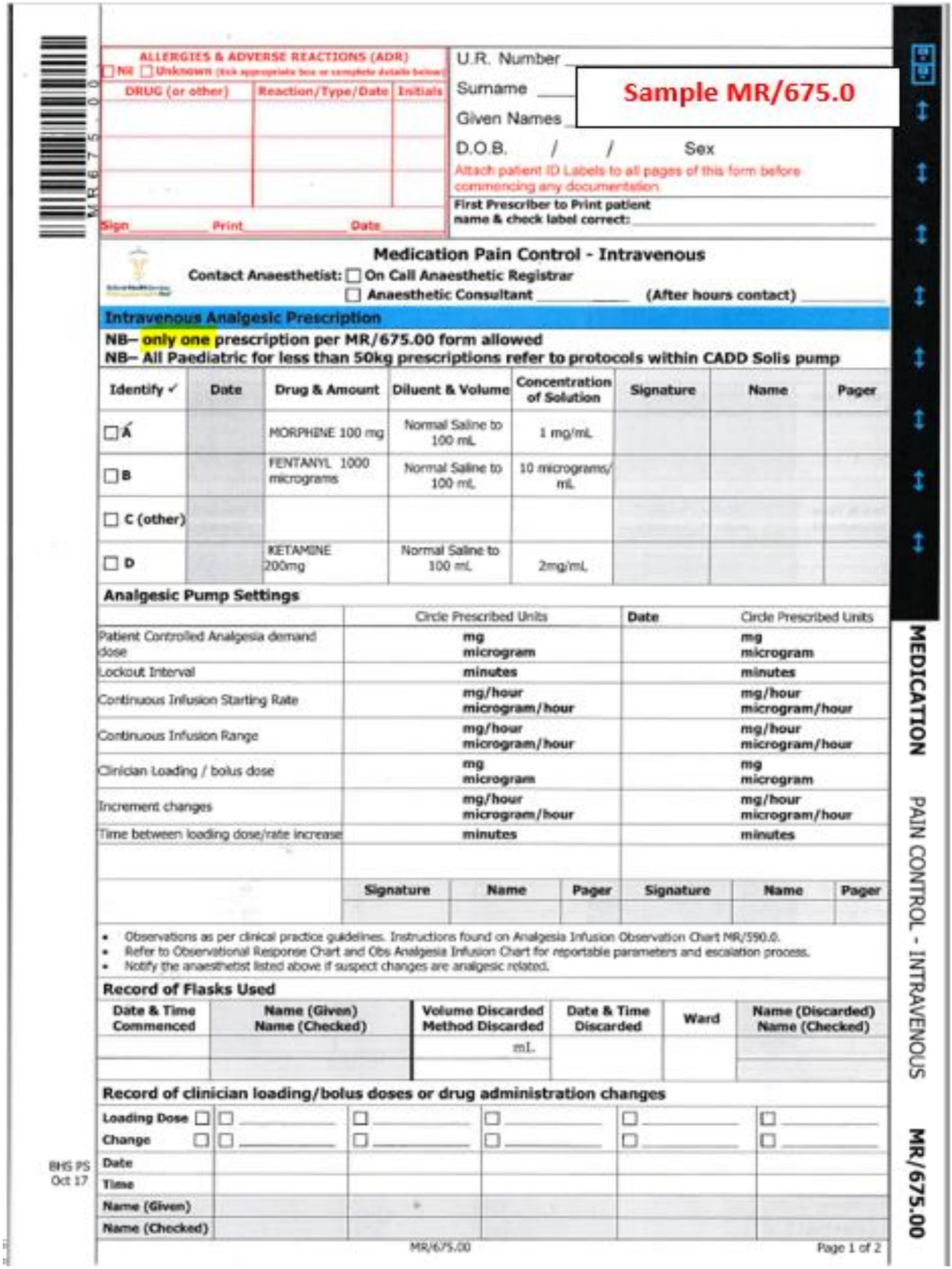

ALLERGIES & ADVERSE REACTIONS (ADR)
☐ NKI ☐ Unknown (tick appropriate box or complete details below)

DRUG (or other)	Reaction/Type/Date	Initials

Sign _____ Print _____ Date _____

U.R. Number _____
Surname _____
Given Names _____
D.O.B. / / Sex

Sample MR/675.0

Attach patient ID Labels to all pages of this form before commencing any documentation.

First Prescriber to Print patient name & check label correct: _____

Medication Pain Control - Intravenous

Contact Anaesthetist: ☐ On Call Anaesthetic Registrar
☐ Anaesthetic Consultant _____ (After hours contact) _____

Intravenous Analgesic Prescription

NB– only one prescription per MR/675.00 form allowed
NB– All Paediatric for less than 50kg prescriptions refer to protocols within CADD Solis pump

Identify ✓	Date	Drug & Amount	Diluent & Volume	Concentration of Solution	Signature	Name	Pager
☐ A		MORPHINE 100 mg	Normal Saline to 100 mL	1 mg/mL			
☐ B		FENTANYL 1000 micrograms	Normal Saline to 100 mL	10 micrograms/mL			
☐ C (other)							
☐ D		KETAMINE 200mg	Normal Saline to 100 mL	2mg/mL			

Analgesic Pump Settings

	Circle Prescribed Units	Date	Circle Prescribed Units
Patient Controlled Analgesia demand dose	**mg microgram**		**mg microgram**
Lockout Interval	**minutes**		**minutes**
Continuous Infusion Starting Rate	**mg/hour microgram/hour**		**mg/hour microgram/hour**
Continuous Infusion Range	**mg/hour microgram/hour**		**mg/hour microgram/hour**
Clinician Loading / bolus dose	**mg microgram**		**mg microgram**
Increment changes	**mg/hour microgram/hour**		**mg/hour microgram/hour**
Time between loading dose/rate increase	**minutes**		**minutes**

Signature	Name	Pager	Signature	Name	Pager

- Observations as per clinical practice guidelines. Instructions found on Analgesia Infusion Observation Chart MR/590.0.
- Refer to Observational Response Chart and Obs Analgesia Infusion Chart for reportable parameters and escalation process.
- Notify the anaesthetist listed above if suspect changes are analgesic related.

Record of Flasks Used

Date & Time Commenced	Name (Given) Name (Checked)	Volume Discarded Method Discarded	Date & Time Discarded	Ward	Name (Discarded) Name (Checked)
		mL			

Record of clinician loading/bolus doses or drug administration changes

Loading Dose ☐	☐	☐	☐	☐	☐
Change ☐	☐	☐	☐	☐	☐
Date					
Time					
Name (Given)					
Name (Checked)					

BHS PS Oct 17

MR/675.00 Page 1 of 2

MEDICATION PAIN CONTROL - INTRAVENOUS MR/675.00