

[Type text]

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Christchurch Hospital
Canterbury Regional Cancer
and Haematology Service,
Palliative Care

[Type text]

(Attach Label here or Complete Details)

NAME: _____ NHI: _____

GENDER: ____ DOB: _____ AGE: ____ WARD: _____

[Type text]

Intrathecal Analgesia Infusion Prescription

A. DRUG PRESCRIPTION

- Prescription to be sent to the Sterile Unit of Christchurch Hospital Pharmacy before 9.00 am for same day preparation. (Fax 3640371 : Phone 3640839)
- The Sterile Unit will prepare all prescriptions in sodium chloride 0.9% as per instructions below.
- The infusion is to be delivered via Body Guard 595™ pump

	Initial Prescription Dose	Prescription Change	Prescription Change	Prescription Change	Prescription Change
Date:					
Morphine	mg	mg	mg	mg	mg
Bupivacaine	mg	mg	mg	mg	mg
Clonidine	micrograms	micrograms	micrograms	micrograms	micrograms
Total Volume (100, 250 or 500 mL)					
Prescriber Sign					
Print Name:					
RN x2 initials					
Time & Date					

B. PUMP PROGRAMME PRESCRIPTION

	Initial Programme	Programme Change	Programme Change	Programme Change	Programme Change
Date:					
PCA Basal Rate	mL/hr.	mL/hr.	mL/hr.	mL/hr.	mL/hr.
PCA Bolus Dose	mL	mL	mL	mL	mL
Lockout time	mins	mins	mins	mins	mins
Prescriber Sig:					
Print Name:					
RN x 2 initials					
Time & Date					

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