

RECOMMENDED DRUG CONCENTRATIONS AND REGIMENS FOR ANALGESIC INFUSIONS

PLEASE DO NOT VARY THESE CONCENTRATIONS WITHOUT CONSULTING THE PAIN SERVICE (e.g. for Patients with Chronic Pain)

PATIENT CONTROLLED ANALGESIA (P.C.A.)

Fentanyl 50 mcg/mL (1500 micrograms Fentanyl in 30 mL B-D Luer-lock syringe)
OR

Tramadol 10 mg/mL (300 mg Tramadol in N/Saline to 30 mL) OR

Morphine 2 mg/mL (60 mg Morphine in N/Saline to 30 mL) OR

Usual prescription:- P.C.A. mode only, P.C.A. dose 20 mcg Fentanyl (or 20 mg Tramadol, or 1-2 mg Morphine), 5 minute Lockout, No 4 hour dose limit.

OPIOID INFUSION

TRAMADOL IS THE PREFERRED DRUG FOR CONTINUOUS I.V. OPIOID INFUSIONS.

Fentanyl is a useful as an alternative, especially in patients with renal or liver dysfunction.

500 mg TRAMADOL in 500 mL Normal Saline (1 mg/ mL) OR

1000 micrograms Fentanyl in 500 mL Normal Saline (2 mcg/mL) OR

50 mg Morphine in 500 mL Normal Saline (1 mg/10mL)

Please prescribe a wide rate range e.g. 0 – 40 mL/hour, to allow titration of the infusion.

Exception: In patients over 70, please restrict the maximum rate to 25 mL/hr, as elderly patients require much less.

EPIDURAL INFUSION

Pre-mixed 200 mL bags of Ropivacaine 0.2% (.Naropin 2 mg/mL) with Fentanyl 400 mcg
OR

200 mL 0.125% Bupivacaine (Marcaine) with 500 mcg Fentanyl (10 mL) (2.4 mcg/mL fentanyl)

400 mg Pethidine in 200 mL 0.125% Bupivacaine or Ropivacaine 2 mg/mL

If Pethidine used alone, 500 mg Pethidine in 250 mL N/Saline (2 mg/mL)

Usual Rate Range 5 - 15 mL/hour

STAT BOLUS doses to be given **ONLY** by the A.P.S. anaesthetist who **must** remain with the patient for 20 mins or until observations are satisfactory.

KETAMINE INFUSION

I.V. Infusion: 200 mg Ketamine in 200 mL N/Saline (1 mg/mL).

Suggested Rate: 0.125 - 0.2 mg/kg/hour e.g. 70 kg person - 8-15 mL/hr.

(Infusion is usually at a set rate. Nurses don't bolus or titrate.)