

Name:	
Health Card Number:	
DOB:	
Address:	

**CONTINUOUS AMBULATORY DELIVERY DEVICE
PATIENT CONTROLLED ANALGESIA (CADD SOLIS – PCA)
PRESCRIPTION / ORDER**

DIAGNOSIS:

ALLERGIES: No Yes Please list:

In the event of anaphylaxis, community nursing service provider will follow their specific agency policy.

PRESCRIPTION/ORDERS

CADD Solis PCA Prescription/Orders

Route: <small>(Check one)</small>	Subcutaneous (S.C)	Intravenous (I.V)	PICC	Port-a-cath (PAC)
Drug:	Concentration*:		mg/ml	mcg/ml
Continuous Rate:	mg/hour		mcg/hour	
PCA Dose:	mg		mcg	
PCS Lockout:	Minutes (Interval between Bolus Doses)			
Maximum # Bolus Doses/Hour				
Reservoir Volume:	50ml	100ml	Other:	ml
Total Number of Reservoirs:	10	Other:		
Number of reservoirs to dispense at once:	upon request.			

Contingency Plan Prescription/Orders

These meds are to be dispensed with pump	Not necessary as is an updated order only	Not necessary as has a SRK with contingency medication
To Start: 2 hours after pump failure. The patient may have:		
Drug:	Concentration:	mg/ml
Quantity to be dispensed:		
Inject:	mg s.c. every 4 hours and	mg s.c. every 1 hour for breakthrough pain as required.
Resume the pump 2 hours after last Q4H dose.		

Pump Delivery
Pumps required urgently will be delivered within 4 hrs of Medical Pharmacies receiving a completed form.

Required urgently
Required same day anytime up to 9:00 pm
Required next day anytime up to 9:00 pm

Special Instructions:
(ie stop oral meds, stop patch in relation to pump initiation, titration, etc)

Prescriber:	College Reg/CPSO #:
Prescriber Phone #:	
Signature:	Date (dd/mm/yy):

If you require assistance completing this form, please contact:
Medical Pharmacies at 1-844-292-7585 ext. 35901.

Fax completed CADD Prescription/Order forms to Home and Community Care Support Services South East at 1-866-839-7299

*Refer to Page 2 on reverse

CADD Solis VIP – PCA Therapy

CADD Solis VIP – PCA Therapy											
CONC		Continuous Rate		Bolus Dose		CONC		Continuous Rate		Bolus Dose	
Mg/mL	Starting Value*** (mg/hr)	Increment (mg)	Starting Value*** (mg)	Increment (mg)	Mcg/mL	Starting Value*** (mcg/hr)	Increment (mcg)	Starting Value*** (mcg)	Increment (mcg)		
0.5	0.05	0.01*	0.05	0.05	5	0.50	0.10**	0.25	0.25		
1	0.10	0.10*	0.05	0.05	10	1.00	0.10**	0.50	0.50		
2	0.20		0.10	0.10	20	2.00		1.00	1.00		
4	0.40		0.20	0.20							
5	0.50	0.10	0.25	0.25	30	3.00	0.10**	1.50	1.50		
10	1.00		0.50	0.50	40	4.00		2.00	2.00		
20	2.00		1.00	1.00							
30	3.00	0.10	1.50	1.50	45	4.50	0.10**	2.25	2.25		
40	4.00		2.00	2.00							
50	5.00		2.50	2.50							
* Increment is 0.01 for values between 0.01 and 0.5 Increment is 0.1 for values between 0.5 and 100					**Increment is 0.1 for values between 0.1 and 100 Increment is 1 for values between 100 and 1000						
***Starting Value is the minimum dose that the CADD Solis VIP Pump will deliver with the associated concentration.											
For a Combination of 2 medications or more (in the same reservoir), use the mL unit											
UNIT - ML	0.1mL/hr	0.1mL	0.05mL	0.05mL							

Please contact the pharmacy to discuss concentrations that are not on the above table.

Recommendations for ordering SC route Recommended concentrations based on Daily Dose.		Recommendations for ordering IV route Recommended concentration based on hourly rate It should be equivalent to a minimum of 0.5ml	
Expected Daily Dose	Suggested Concentration	Expected Hourly Rate	Suggested Concentration
1 - 10mg	0.5 mg/ml	0.5mg	1mg/ml
11 – 20 mg	1 mg/ml	1mg	2mg/ml
21 – 50 mg	2 mg/ml	2.5mg	5mg/ml
51-100 mg	5 mg/ml	5mg	10mg/ml
101 – 200 mg	10 mg/ml	10mg	20mg/ml
201 – 500 mg	20 mg/ml	25mg	50mg/ml
501 – 1000 mg	50 mg/ml		