

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**

<b>Route:</b> <small>(Check one)</small>	Subcutaneous (S.C)	Intravenous (I.V)	PICC	Port-a-cath (PAC)
<b>Drug:</b>	<b>Concentration*:</b>		mg/ml	mcg/ml
<b>Continuous Rate:</b>	mg/hour		mcg/hour	
<b>PCA Dose:</b>	mg		mcg	
<b>PCS Lockout:</b>	Minutes (Interval between Bolus Doses)			
<b>Maximum # Bolus Doses/Hour</b>				
<b>Reservoir Volume:</b>	50ml	100ml	Other:	ml
<b>Total Number of Reservoirs:</b>	10	Other:		
<b>Number of reservoirs to dispense at once:</b>	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: <b>2 hours</b> after pump failure. The patient may have:		
<b>Drug:</b>	<b>Concentration:</b>	mg/ml
<b>Quantity to be dispensed:</b>		
<b>Inject:</b>	mg s.c. every 4 hours and	mg s.c. every 1 hour for breakthrough pain as required.
Resume the pump <b>2 hours</b> 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:

Royal Drugs at 613-384-3914 ext. 1

**Fax completed CADD Prescription/Order forms to Ontario Health atHome at 1-866-839-7299**

## 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.											
<b>For a Combination of 2 medications or more (in the same reservoir), use the mL unit</b>											
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.*

<b>Recommendations for ordering SC route</b> Recommended concentrations based on Daily Dose.		<b>Recommendations for ordering IV route</b> 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		