



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: SCPAINSU
(SUFENTANIL FOR INCIDENT PAIN BY SUBLINGUAL ROUTE)

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE:

SUFENTANIL DOSAGE REGIMEN:

- 12.5 mcg sl PRN. May repeat every 5 minutes, up to a maximum of 3 doses in 1-hr period (starting dose for opioid naïve patients).
- 25 mcg sl PRN. May repeat every 5 minutes, up to a maximum of 3 doses in 1-hr period (starting dose for opioid tolerant patients).

Monitoring as per doctor's orders is required.

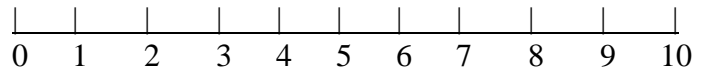
MONITORING: FOR FIRST 1-HR PERIOD ONLY

Monitor sedation level, respiratory rate (RR) & pain scale at baseline, 5 mins, 10 mins & 25 mins after doses in the first 1-hr period only. If 3 doses used in the first 1-hr period, monitoring as above is required for all 3 doses.

SEDATION LEVEL ASSESSMENT

- S = Sleeping (easy to rouse, NORMAL SLEEP)
- 0 = None (awake, alert)
- 1 = Mild (occasionally drowsy, easy to rouse)
- 2 = Moderate (frequently drowsy, easy to rouse)
- 3 = Severe (somnolent, difficult to rouse)

No Pain PAIN SCALE Worst Possible



DOCTOR'S SIGNATURE:

SIGNATURE:

UC: