**Case Study: Narcotics**

**Introduction:**
Narcotics can offer significant relief for acute moderate-severe pain. Many times physicians prescribe patient controlled (PCA) narcotic analgesics. This case study will allow you to explore the use of a narcotic analgesic with PCA administration in an acute post-operative client.

**Case Study: Flora Cox**

**History & Physical:**
Flora is a 78-year-old client that has returned to the medical floor after a right total hip replacement. She has a long standing history of osteoarthritis, involving both hips and pelvis. In addition she is positive for renal insufficiency, hypertension and chronic obstructed pulmonary disorder (COPD).

Flora returned from the operating room 6 hours ago. The following orders are current:

- Bed rest
- NPO
- I/O
- Foley catheter (call if urine output is < 30 mL per hour)
- Vital signs routine post-op, then q 4 hours
- Call for temp > 37.8c, pulse < 50 or > 100, systolic B/P < 90 or > 160
- IV – lactated ringers at 75 mL/H
- Oxygen 2L per nasal cannula PRN – keep SPo2 > 93%
- Morphine per PCA pump – per orthopedic pre-printed protocol
- Advair discus 1 puff bid
- Ciprofloxin (Cipro) 400 mg IV q 12 hours

**AM labs:**
- CBC
- Electrolytes
- BUN, Creatinine

**Assessment**
Flora has been resting quietly since returning for surgery. The nurse in attendance has promoted turning, coughing, deep breathing, and incentive spirometry every two hours. Flora is easy to arouse and is able to use her PCA morphine pump. Her lungs are clear anterior and posterior bilaterally. She has no edema. Her hip dressing is dry and intact, and is iced. Family members are present at the bedside. She has 110 mL of clear yellow urine in the catheter bag.