All orders must be reviewed, completed and signed by the prescriber before they will be implemented. To delete an order that does not have a ‘check box’ preceding it the order must be stroked out and initialed. For orders where check boxes are provided, the prescriber indicates with a check mark to confirm the order; if left blank, the order will not be activated.

**Pain Management PRN Orders**

**Date:** _____________________________  **Time:** _____________________________

**MD Instructions:** PRN opioid medication and rescue dose opioids may NOT be given if the patient is already on PCA or epidural analgesia unless approved by the Pain Service.

**Assessment, Monitoring & Management:**

- Assess and monitor patient and titrate opioid as per policies “Opioid Titration Policy” and “Policy for the Assessment, management, and monitoring of patients prescribed opioids and/or local anesthetics”

**Acetaminophen:**

- □ Acetaminophen 1000 mg PO q6h x _______ days (maximum dose from all sources must not exceed 4 g per 24 h) or
- □ Acetaminophen 650 mg PO q6h x _______ days (maximum dose from all sources must not exceed 4 g per 24 h)
- □ Acetaminophen 650 mg PR q6h x _______ days (while awake) if unable to take PO meds (maximum dose from all sources must not exceed 4 g per 24 h)
- □ Acetaminophen 650 mg PO q6h PRN x _______ days (maximum dose from all sources must not exceed 4 g per 24 h)

**Nonsteroidal anti-inflammatory drugs (Choose 1):**

**MD Instructions:** Not applicable if patient already taking a non-steroidal anti-inflammatory drug

- Indomethacin not recommended for postpartum patients
- Misoprostol contraindicated for obstetrical patients
- Caution in patients with history of or risk of GI bleed, renal insufficiency, renal transplant; do not use if creatinine clearance less than 30mL/min

- □ Indomethacin  50 mg PO/PR q8h for _______ days or
- □ Naproxen 500 mg PO/PR q12h for _______ days or
- □ Ibuprofen 400 mg PO q6h for _______ days or
- □ Ibuprofen 400 mg PO q8h for _______ days (for patients over age 75) or
- □ Meloxicam  7.5 mg PO q24h for _______ days or
- □ Meloxicam 15 mg PO q24h for _______ days or
- □ Other (Specify): ________________________________ _______ for ________ days

**AND CONSIDER:**

- □ Misoprostol 200 mcg PO QID for _______ days while on non-steroidal anti-inflammatory drug or
- □ Pantoprazole 40 mg PO once daily for _______ days while on non-steroidal anti-inflammatory drug or
- □ Other (Specify): ____________________________________________

**PRN Opioid medications for pain (Choose 1):**

**MD Instructions:** When prescribing IV analgesia for moderate pain - consider lower opioid doses for elderly patients, patients with low body weight and severe co-morbidities – in moderate to severe pain, starting IV dose in these patients is usually within range of morphine 0.05 – 0.1 mg/kg or hydromorphone 0.0075 – 0.015 mg/kg per dose.

MD to reassess opioid medication orders if:

- Patient has taken more than 6 PRN doses (maximum doses) in past 24hrs
- Patient has persistent pain (moderate or severe or pain scale greater than or equal to 4/10) after two doses of PRN Opioid

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**Form No. 70490 Dev. 2014-01-08**

**All orders are to be signed including Qualifying Initials**
Patient ID

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### Pain Management PRN Orders

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- Patient has intolerable side effects
- Patient has increased sedation (rousable but frequently drowsy, and drifts off to sleep during conversation, or somnolent or has minimal or no response to stimulus)
- Signs of respiratory depression (respiratory rate less than 10/minute, periods of apnea / irregular breathing or airway obstruction)

#### For Mild pain (Choose 1):
- Morphin 5-10 mg PO q4h PRN or Morphin 3 - 5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- HYDROmorphine 2 - 4 mg PO q4h PRN or HYDROmorphine 0.5 – 1 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- Tylenol #3 (use Acetaminophen 300 mg with codeine 30 mg) 1-2 Tabs PO q4h PRN (maximum dose of acetaminophen from all sources must not exceed 4 g per 24 h (Assess and monitor patient and titrate opioid as per policy)
- Other (Specify): __________________ (Assess and monitor patient and titrate opioid as per policy)

#### For Moderate to Severe pain (Choose 1):
- Acetaminophen 325 mg with oxycodone 5 mg (Percocet ) 1-2 Tabs PO q4h PRN (maximum dose of acetaminophen from all sources must not exceed 4 g per 24 h) (Assess and monitor patient and titrate opioid as per policy)
- Oxycodone IR (immediate release) 10 – 15 mg PO q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- Morphin 10-15 mg PO q4h PRN or Morphin 5 - 7.5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- Morphine 15-20 mg PO q4h PRN or Morphine 7.5 -10 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- HYDROmorphine 4 - 6 mg PO q4h PRN or HYDROmorphine 1 - 1.5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- HYDROmorphine 6 - 8 mg PO q4h PRN or HYDROmorphine 1.5 – 2 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- Other (Specify): __________________ (Assess and monitor patient and titrate opioid as per policy)

AND CONSIDER:
- DiphenhydRAMINE (Benadryl) 25 mg IV/PO q4h PRN for pruritus
- Ondansetron 4mg IV/PO q6h PRN for nausea
- DimenHYDRINATE (Gravol) 25 mg IV or 50 mg PO q4h PRN for nausea
- Metoclopramide 10 mg IV q4h PRN for nausea (not to exceed 40 mg/day)
- Docusate sodium 100 mg PO BID
- Sennosides 17.2 mg po qhs PRN for constipation
- Lactulose 15-30 mL po bid PRN for constipation

Print Name: __________________________ Signature: __________________________  MD

All orders are to be signed including Qualifying Initials

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