Pre-printed Orders
Page 1 of 2

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.

All orders are to be signed including Qualifying Initials

Form No. 70490
Dev. 2014-01-08

PAIN MANAGEMENT PRN ORDERS - PAGE 1 OUT 2
Pre-printed Orders

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<table>
<thead>
<tr>
<th>Page No.</th>
<th>Allergies:</th>
<th>Allergies: NO □</th>
<th>YES ☐ (specify reaction):</th>
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**Pain Management PRN Orders**

<table>
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<th>Date:</th>
<th>Time:</th>
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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):**
- Morphine 5-10 mg PO q4h PRN or Morphine 3-5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- HYDROMorphone 2-4 mg PO q4h PRN or HYDROMorphone 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)
- Morphine 10-15 mg PO q4h PRN or Morphine 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)
- HYDROMorphone 4-6 mg PO q4h PRN or HYDROMorphone 1-1.5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)
- HYDROMorphone 6-8 mg PO q4h PRN or HYDROMorphone 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 q8h 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

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