



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.

Page No. _____	<b>Allergies:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES (specify reaction): _____
<b>Pain Management PRN Orders</b>	
<b>Date:</b> _____	<b>Time:</b> _____
<b>MD Instructions:</b> 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.	
<b>Assessment, Monitoring &amp; Management:</b>	
<input checked="" type="checkbox"/> 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"	
<b>Acetaminophen:</b>	
<input type="checkbox"/> Acetaminophen 1000 mg PO q6h x _____ days (maximum dose from all sources must not exceed 4 g per 24 h) or <input type="checkbox"/> Acetaminophen 650 mg PO q6h x _____ days (maximum dose from all sources must not exceed 4 g per 24 h) <input type="checkbox"/> 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) <input type="checkbox"/> Acetaminophen 650 mg PO q6h PRN x _____ days (maximum dose from all sources must not exceed 4 g per 24 h)	
<b>Nonsteroidal anti-inflammatory drugs (Choose 1):</b>	
<b>MD Instructions:</b> 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	
<input type="checkbox"/> Indomethacin 50 mg PO/PR q8h for _____ days or <input type="checkbox"/> Naproxen 500 mg PO/PR q12h for _____ days or <input type="checkbox"/> Ibuprofen 400 mg PO q6h for _____ days or <input type="checkbox"/> Ibuprofen 400 mg PO q8h for _____ days (for patients over age 75) or <input type="checkbox"/> Meloxicam 7.5 mg PO q24h for _____ days or <input type="checkbox"/> Meloxicam 15 mg PO q24h for _____ days or <input type="checkbox"/> Other (Specify): _____ for _____ days	
<b>AND CONSIDER:</b>	
<input type="checkbox"/> Misoprostol 200 mcg PO QID for _____ days while on non-steroidal anti-inflammatory drug or <input type="checkbox"/> Pantoprazole 40 mg PO once daily for _____ days while on non-steroidal anti-inflammatory drug or <input type="checkbox"/> Other (Specify): _____	
<b>PRN Opioid medications for pain (Choose 1):</b>	
<b>MD Instructions:</b> 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 <i>usually</i> 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: <ul style="list-style-type: none"> <li>• Patient has taken more than 6 PRN doses (maximum doses) in past 24hrs</li> <li>• Patient has persistent pain (moderate or severe or pain scale greater than or equal to 4/10) after two doses of PRN Opioid</li> </ul>	

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ **MD** \_\_\_\_\_

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<b>Pain Management PRN Orders</b>	
medications	<b>Transcribed</b>
<b>Date:</b> _____ <b>Time:</b> _____	
<ul style="list-style-type: none"> <li>• Patient has intolerable side effects</li> <li>• 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)</li> <li>• Signs of respiratory depression (respiratory rate less than 10/minute, periods of apnea / irregular breathing or airway obstruction)</li> </ul>	
<p><b>For Mild pain(Choose 1):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Morphine 5-10 mg PO q4h PRN <b>or</b> Morphine 3 - 5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)</li> <li><input type="checkbox"/> HYDROMorphone 2 - 4 mg PO q4h PRN <b>or</b> HYDROMorphone 0.5 – 1 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)</li> <li><input type="checkbox"/> 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)</li> <li><input type="checkbox"/> Other (Specify): _____ (Assess and monitor patient and titrate opioid as per policy)</li> </ul> <p><b>For Moderate to Severe pain (Choose 1):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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)</li> <li><input type="checkbox"/> Oxycodone IR (immediate release) 10 – 15 mg PO q4h PRN (Assess and monitor patient and titrate opioid as per policy)</li> <li><input type="checkbox"/> Morphine 10-15 mg PO q4h PRN <b>or</b> Morphine 5 - 7.5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)</li> <li><input type="checkbox"/> Morphine 15-20 mg PO q4h PRN <b>or</b> Morphine 7.5 -10 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)</li> <li><input type="checkbox"/> HYDROMorphone 4 - 6 mg PO q4h PRN <b>or</b> HYDROMorphone 1 - 1.5 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)</li> <li><input type="checkbox"/> HYDROMorphone 6 - 8 mg PO q4h PRN <b>or</b> HYDROMorphone 1.5 – 2 mg subcut or IV q4h PRN (Assess and monitor patient and titrate opioid as per policy)</li> <li><input type="checkbox"/> Other (Specify): _____ (Assess and monitor patient and titrate opioid as per policy)</li> </ul>	
<b>AND CONSIDER:</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> DiphenhydrAMINE (Benadryl) 25 mg IV/PO q4h PRN for pruritus</li> <li><input type="checkbox"/> Ondansetron 4mg IV/PO q6h PRN for nausea</li> <li><input type="checkbox"/> DimenhydrINATE (Gravol) 25 mg IV or 50 mg PO q4h PRN for nausea</li> <li><input type="checkbox"/> Metoclopramide 10 mg IV q4h PRN for nausea (not to exceed 40 mg/day)</li> <li><input type="checkbox"/> Docusate sodium 100 mg PO BID</li> <li><input type="checkbox"/> Sennosides 17.2 mg po qhs PRN for constipation</li> <li><input type="checkbox"/> Lactulose 15-30 mL po bid PRN for constipation</li> </ul>	

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