PHYSICIAN'S ORDERS

Allergies:	Weight:	Height:

- Discontinue all previous analgesics.
- Pediatric patient dosing is defined for age less than 18 years old AND weight less than 60 kg.
- Caution: Check with physician before giving more than one background, procedural, PRN pain medications/sedatives within 60 minutes.
- Acetaminophen – do not exceed 90 mg/kg/day and not to exceed 4 grams per day for pediatric patients.

Implement analgesic orders up to ☐ hours (maximum 72 hours)

Continuous Drips For ICU ONLY

☐ Morphine sulfate _____mg/hr **continuous IV infusion** [equivalent to ____ mg/Kg/hr]

☐ Fentanyl _____mcg/hr **continuous IV infusion** [equivalent to ____ mcg/Kg/hr]
[For patient who is hemodynamically unstable or intolerant to morphine, such as pruritus or severe nausea and vomiting.]

☐ Midazolam (Versed®)_____mg/hr **continuous IV infusion** [equivalent to ____ mg/Kg/hr]
[For mechanically ventilated patients only.]

Background Continuous Pain (choose one only)

☐ Morphine Sulfate oral liquid _____ mg PO/NG every _____ hours [equivalent to ____ mg/Kg/dose]

☐ Morphine Sulfate _____ mg IV every _____ hours [equivalent to ____ mg/Kg/dose]

☐ Acetaminophen with codeine (12 mg/5 mL) oral liquid ____ mg PO/NG every ___ hours [equivalent to ____ mg/Kg/dose]

☐ Acetaminophen oral liquid _____ mg PO/NG every ___ hours [equivalent to ____ mg/Kg/dose]

Breakthrough Pain (choose one drug and dose for each level of pain intensity)

☐ Morphine Sulfate _____ mg IV every _____ hours prn pain scale of _____ [equivalent to ____ mg/Kg/dose]

☐ Fentanyl _____ mg IV every _____ hours prn pain scale of _____ [equivalent to ____ mg/Kg/dose]
[For patient who is hemodynamically unstable or intolerant to morphine, such as pruritus or severe nausea and vomiting.]

☐ Morphine Sulfate oral liquid _____ mg PO/NG every ____ hours prn pain scale of _____ [equivalent to ____ mg/Kg/dose]

☐ Acetaminophen with codeine (12 mg/5 mL) oral liquid _____ mg PO/NG every _____ hours prn pain scale of _____
[equivalent to ____ mg/Kg/dose of codeine]

☐ Acetaminophen oral liquid _____ mg PO/NG every _____ hours prn pain scale of _____
[equivalent to ____ mg/Kg/dose]

☐ Other: _____

Procedural Pain (choose one only)

☐ Morphine Sulfate _____ mg IV every ___hours for procedure/dressing change [equivalent to ____ mg/Kg/dose]

☐ Morphine Sulfate oral liquid ___ mg PO/NG every ___hours for procedure/dressing change [equivalent to ____ mg/Kg/dose]

☐ Acetaminophen with codeine (12 mg/5 mL) oral liquid _____ mg PO/NG every ___hours for procedure/dressing change
[equivalent to ____ mg/Kg/dose of codeine]

☐ Acetaminophen oral liquid _____mg PO/NG every ___hours for procedure/dressing change [equivalent to ___ mg/Kg/dose]

☐ Other: _____

Anxiety with Procedure (choose one only)

☐ **FOR ICU ONLY:** Midazolam (Versed®) ____ mg IV 2 minutes before procedure/dressing change every ____ hours
[equivalent to ____ mg/Kg/dose]

☐ Lorazepam (Ativan®) _____ mg ☐ IV ☐ PO 30 minutes before every procedure/dressing change every ____ hours
[equivalent to ____ mg/Kg/dose]

Bowel Regimen (Required for all patients on scheduled narcotics)

☐ Docusate sodium oral solution (10 mg/mL) _____ mg po every _____ hours [equivalent to ____ mg/Kg/dose]
[recommended dose: 5 mg/kg/day]

☐ Polyethylene glycol 3350 (Miralax®) _____ grams po every _____hours [equivalent to ____ grams/Kg/dose]
[For patient older than 6 months of age: 0.5-1.5 grams/kg/day, not to exceed 17grams/day]

Date	Time Written	Physician's Signature		IMPRINT ID CARD (NAME MRUN CLINIC/WARD)
Physician's ID Number		Service		
RN's Signature		Date	Time	
		Scanned By		