

General Pain Management for Opioid Naive Patients [1295]

This order set should NOT be used for neonates, pediatrics. Use caution in patients with HYPotension, kidney disease or liver disease.

To optimize pain relief, assess patient's home medication and:

A) Consider increasing scheduled dose of home pain medications by 30%

and/or

B) Consider adding breakthrough pain medication dose up to 20% of the prior 24 hours dosing available every 4 hours as needed

URL: "<http://www.globalrph.com/opioidconverter2.htm>"

Nursing

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated

Nursing

<input checked="" type="checkbox"/> Nursing (Selection Required)	"And" Linked Panel
<input checked="" type="checkbox"/> Vital signs	Routine, Per unit protocol 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects.
<input checked="" type="checkbox"/> Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects.

Notify

<input checked="" type="checkbox"/> Notify Physician	Routine, Until discontinued, Starting S, Patient has inadequate pain control following administration of therapeutic option for severe pain.
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IV Fluids

Medications

PRN Mild Pain (Pain Score 1-3) (Single Response)

(adjust dose for renal/liver function and age)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet OR oral solution	"Or" Linked Panel Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. Give the tablet if the patient can tolerate oral medication. (Cirrhosis patients maximum: 2 grams per day from all sources)
<input type="checkbox"/> acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot tolerate oral tablet.
<input type="checkbox"/> ibuprofen (MOTRIN) tablet OR oral solution	"Or" Linked Panel

Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

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| <input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) tablet | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> ibuprofen (ADVIL,MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet. |
| <input type="checkbox"/> naproxen (NAPROSYN) tablet - Not recommended for patients with eGFR LESS than 30 mL/min. | 250 mg, oral, every 8 hours PRN, mild pain (score 1-3)
Not recommended for patients with eGFR LESS than 30 mL/min. |

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

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| <input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) tablet OR elixir | "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |
| <input type="checkbox"/> HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir | "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |
| <input type="checkbox"/> HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir | "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution | 15 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |
| <input type="checkbox"/> HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir | "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| <input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution | 20 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient can not swallow tablet. |

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| () traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours) | 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
(Max Daily dose not to exceed 200 mg/day) |
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PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

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| () acetaminophen-codeine (TYLENOL #3) tablet OR elixir | "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
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| [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. |
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| [] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. |
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| () HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir | "Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
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| [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) |
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| [] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) |
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| () traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours) | 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
(Max Daily dose not to exceed 200 mg/day) |
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PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

If you select a PCA option above you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

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| () fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) |
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| () morphine 2 mg/mL injection | 2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
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| () HYDROmorphone (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
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| () ketorolac (TORADOL) IV (Single Response) | |
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Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age.
WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.

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| () For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
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| () For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection | 30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) |
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PRN IV Medications for Moderate Pain (Pain Score 4-6) For Patients GREATER than 65 years old (Single Response)

If you select a PCA option above you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

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| () fentaNYL (SUBLIMAZE) injection | 12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) |
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| () morphine 2 mg/mL injection | 1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) |
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<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> ketorolac (TORADOL) injection - Do not use in patients with eGFR LESS than 30 mL/min.	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6) Do not use in patients with eGFR LESS than 30 mL/min.

PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

<input type="checkbox"/> HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10)

PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)
(adjust dose for renal/liver function and age)

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10)

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old (Single Response)

If you select a PCA option above you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

If you select a PCA option above you will not be allowed to also order IV PRN pain medications from this section.
(adjust dose for renal/liver function and age)

<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)

Scheduled Pain Medications (Single Response)

- Scheduled Pain Medications - Mild Pain (Pain Score 1-3): For Patients GREATER than 65 years old (Single Response)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)

Max Acetaminophen: 3 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)

Adjust dose for renal/liver function and age.

- acetaminophen (TYLENOL) tablet 500 mg, oral, every 6 hours scheduled

- Scheduled Pain Medications - Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)

Max Acetaminophen: 3 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)

Adjust dose for renal/liver function and age.

<input type="checkbox"/> HYDROcodone-acetaminophen (LORTAB) 2.5-167 mg/5 mL solution	10 mL, oral, every 6 hours scheduled
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours scheduled
<input type="checkbox"/> traMADol (ULTRAM) tablet - If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day.	25 mg, oral, every 6 hours scheduled If eGFR is LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day.

- Scheduled Pain Medications - Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response)

(Consider scheduled options if pain source is present and patient unable to reliably communicate needs. Monitor closely for response)

Max Acetaminophen: 3 grams/day; cirrhosis patients: max Acetaminophen 2 grams/day)

Adjust dose for renal/liver function and age.

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours scheduled
<input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours scheduled

Muscle Relaxers (Single Response)

(adjust dose for renal/liver function and age)

<input type="checkbox"/> methocarbamol (ROBAXIN) tablet	500 mg, oral, every 6 hours PRN, muscle spasms
<input type="checkbox"/> cyclobenzaprine (FLEXERIL) tablet	5 mg, oral, 3 times daily PRN, muscle spasms
<input type="checkbox"/> tiZANidine (ZANAFLEX) tablet	2 mg, oral, every 8 hours PRN, muscle spasms

Respiratory Depression and Somnolence

<input checked="" type="checkbox"/> naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
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Itching (Administer for respiratory rate of 12 per minute or more or POSS sedation scale of 2 or LESS) (Single Response)

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching
<input type="checkbox"/> hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
<input checked="" type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed	60 mg, oral, 2 times daily PRN, itching

Itching (Administer for respiratory rate of 12 per minute or more or POSS sedation scale of 2 or LESS)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
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Itching (Administer for respiratory rate of 12 per minute or more or POSS sedation scale of 2 or LESS)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
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Antiemetics (Administer for respiratory rate of 12 per minute or sedation scale of 2 or LESS)

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics (Administer for respiratory rate of 12 per minute or sedation scale of 2 or LESS)

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Bowel Regimen: For Patients LESS than 65 years old

<input checked="" type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily Hold for diarrhea.
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation)

Bowel Regimen: For Patients GREATER than 65 years old

<input checked="" type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily Hold for diarrhea.
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation)
<input type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, If with persistent constipation.

For Constipation still unrelieved: naloxegol (MOVANTIK)

naloxegol (Movantik) : For eGFR LESS than 60 mL/min or not tolerated, reduce dose to 12.5 mg once daily before breakfast on an empty stomach.

Avoid use in patient with severe hepatic impairment (Child-Pugh Class C)

<input type="checkbox"/> naloxegol (MOVANTIK) tablet	25 mg, oral, daily before breakfast
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Labs**Cardiology****Imaging****Other Studies****Respiratory****Rehab****Additional Orders**