

General Pain Management for Opioid TOLERANT Patients [1331]

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 ***

*** Consider using smaller doses for patients with large opioid baseline

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

General

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	Routine, 3 times daily Specify: with assistance Encourage ambulation by day 2
<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 Ordering Physician	Routine, Until discontinued, Starting S, Patient has inadequate pain control following administration of therapeutic option for severe pain.
---	--

IV Fluids

Medications

Reconciliation of Outpatient Long-Acting Scheduled Pain Medications (Single Response)

<input type="checkbox"/> morphine (MS CONTIN) 12 hr tablet	15 mg, oral, every 12 hours scheduled
<input type="checkbox"/> HYDROmorphone (EXALGO) 24 hr tablet	oral, every 24 hours
<input type="checkbox"/> oxyCODONE (OxyCONTIN) 12 hr abuse-deterrent tablet	10 mg, oral, every 12 hours scheduled
<input type="checkbox"/> fentaNYL (DURAGESIC) /hr patch	transdermal, for 72 Hours, every 72 hours
<input type="checkbox"/> Non-formulary Medication Request	oral Drug Name: Form: Length of Inpatient Therapy: If for OUTpatient use, number of cycles: How soon needed? (allow up to 72 hrs to procure): Reason for non-formulary request:

PRN Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old (Single Response)
 (adjust dose for renal/liver function and age)

()	ibuprofen (MOTRIN) tablet OR oral solution	"Or" Linked Panel
Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.		
[]	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.
[]	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. Use if patient cannot swallow tablet.
()	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.
()	acetaminophen-codeine (TYLENOL #3) 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)		
[]	acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, 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)
[]	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, 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 swallow tablet.
()	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)		
[]	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[]	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
()	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)		
[]	HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, 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). Give if patient is able to tolerate oral medication.
[]	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, 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 swallow tablet.
()	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)		
[]	HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, 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)
[]	HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, 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 can not swallow tablet.

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

(adjust dose for renal/liver function and age)

() acetaminophen-codeine (TYLENOL #3) 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)	
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, 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)
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, 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 swallow tablet.
() 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)	
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6)
() traMADol (ULTRAM) tablet - If eGFR 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 PRN, mild pain (score 1-3) If eGFR LESS than 30 mL/min: change frequency to every 12 hours and maxdaily dose not to exceed 200 mg/day.
() oxyCODONE (ROXICODONE) 5 mg/5 mL solution	2.5 mg, oral, every 6 hours PRN, mild pain (score 1-3)

Oral Medications - PRN Moderate Pain (Pain Score 4-6) For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

() HYDROmorphine (DILAUDID) tablet	4 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() oxyCODONE-acetaminophen (PERCOCET) 10-325 mg per tablet	2 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosispatients maximum: 2 grams per day from all sources)
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, moderate pain (score 4-6)

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

(adjust dose for renal/liver function and age)

() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet - Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
() HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet - Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
() HYDROmorphine (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6)
() traMADol (ULTRAM) tablet - If eGFR LESS than 30 mL/min: change frequency to every 12 hours and max daily dose not to exceed 200 mg/day	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) If eGFR LESS than 30 mL/min: change frequency to every 12 hours and maxdaily dose not to exceed 200 mg/day.

IV Medications - PRN Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)

(adjust dose for renal/liver function and age)

() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	4 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() ketorolac (TORADOL) IV (Single Response)	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.
() 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)
() 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)

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

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)

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

() HYDROmorphone (DILAUDID) tablet	4 mg, oral, every 4 hours PRN, severe pain (score 7-10)
() morphine (MSIR) tablet	15 mg, oral, every 4 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release tablet	15 mg, oral, every 4 hours PRN, severe pain (score 7-10)

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

() HYDROmorphone (DILAUDID) tablet	4 mg, oral, every 4 hours PRN, severe pain (score 7-10)
() morphine (MSIR) tablet	15 mg, oral, every 4 hours PRN, severe pain (score 7-10)
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 4 hours PRN, severe pain (score 7-10)

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

() fentaNYL (SUBLIMAZE) injection	75 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() morphine injection	4 mg, intravenous, every 2 hour PRN, severe pain (score 7-10)
() HYDROmorphone (DILAUDID) injection	1 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)

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

() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() 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)
---	--

Adjunct Medications (use alternate route if patient is unable to tolerate oral medications) (Single Response)
(adjust dose for renal/liver function and age)

<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.
<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.
<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. 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.
<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.

Muscle Relaxers: For Patients LESS than 65 years old (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 or 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.
---	--

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

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
---	--------------------------------

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

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
---	--------------------------------

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

<input checked="" type="checkbox"/> ondansetron (ZOFRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFRAN-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 (ZOFRAN) 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 (Administer for respiratory rate of 12 per minute or more or POSS 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 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 more or POSS 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)

[] 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)

[] naloxegol (MOVANTIK) tablet

25 mg, oral, daily before breakfast

Labs

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Additional Orders