

Pain Management for Opioid Tolerant Patients [4927]

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

Opioid-tolerant patients are those who have been taking, for a week or longer, at least 60 mg of morphine daily, or at least 30 mg of oral oxycodone daily, or at least 8 mg of oral hydromorphone daily or an equianalgesic dose of another opioid (equivalent to 60 MEDD).

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

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"/> Vital signs - T/P/R/BP	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"/> Pasero Opioid-induced Sedation Scale	Routine, Once For 1 Occurrences Assess POSS prior to and 60 minutes after administration of opioid pain medication (e.g, codeine, hydrocodone, morphine, fentanyl, hydromorphone). Contact provider if score 3 or 4.

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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Medications

Prior to initiation of opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid tolerance status. A summarized version of the PMP report may be accessed by clicking on the NaRx Score on the patient's Storyboard.

Pain Management Guide

Opioid PCA Conversion to Oral Opioid Regimen

Due to risk of accumulation of toxic metabolite, the use of morphine in patients with renal dysfunction is not recommended. An alternative opioid should be utilized, if possible.

Scheduled Pain Medications (Single Response)

Consider scheduled option if pain source is present and patient unable to reliably communicate needs. Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

<input type="checkbox"/> acetaminophen (TYLENOL) 500 mg tablet or liquid	"Or" Linked Panel
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled
<input type="checkbox"/> acetaminophen (TYLENOL) liquid	500 mg, oral, every 6 hours scheduled
<input type="checkbox"/> acetaminophen (TYLENOL) 650 mg tablet or liquid	"Or" Linked Panel

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet | 650 mg, oral, every 6 hours scheduled |
| <input type="checkbox"/> acetaminophen (TYLENOL) liquid | 650 mg, oral, every 6 hours scheduled |

() NSAIDs (Single Response)

- | | |
|--|---|
| () ibuprofen (ADVIL, MOTRIN) tablet or oral suspension | "Or" Linked Panel |
| <input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet | 600 mg, oral, every 6 hours scheduled |
| <input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours scheduled |
| () naproxen (NAPROSYN) tablet | 250 mg, oral, 2 times daily |
| () celecoxib (CeleBREX) capsule | 100 mg, oral, 2 times daily |
| () ketorolac (TORADOL) injection | 15 mg, intravenous, every 6 hours scheduled |

PRN Pain Medications

PRN Oral Medications for Mild Pain (Pain Score 1-3):

For Patients LESS than 65 years old (Single Response)

Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

- | | |
|--|---|
| () acetaminophen (TYLENOL) tablet OR oral suspension | "Or" Linked Panel |
| Maximum of 4 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) |
| <input type="checkbox"/> acetaminophen (TYLENOL)suspension | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot tolerate oral tablet. |
| () ibuprofen (ADVIL, MOTRIN) tablet or oral suspension | "Or" Linked Panel |
| <input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot swallow tablet. |
| () naproxen (NAPROSYN) tablet | 500 mg, oral, 2 times daily PRN, mild pain (score 1-3) |
| () celecoxib (CeleBREX) capsule | 200 mg, oral, 2 times daily PRN, mild pain (score 1-3) |
| () acetaminophen-codeine (TYLENOL #3) tablet OR elixir | "Or" Linked Panel |
| <input type="checkbox"/> acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet | 1 tablet, oral, every 6 hours PRN, mild pain (score 1-3)
Give if patient is able to tolerate oral medication.
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: |
| <input type="checkbox"/> acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | 10 mL, oral, every 6 hours PRN, mild pain (score 1-3)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: |
| () traMADoL (ULTRAM) tablet | 50 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Give if patient able to swallow tablet. Max recommended dose is 400 mg/day; or 200 mg/day in patients with CrCl LESS THAN 30 ml/min, or 100mg/day in ESRD patients |

PRN Medications for Mild Pain (Pain Score 1-3): For

Patients GREATER than or EQUAL to 65 years old (Single Response)

Do not order both scheduled and PRN NSAIDs/APAP simultaneously.

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|--|--|
| () acetaminophen (TYLENOL) tablet OR oral suspension | "Or" Linked Panel |
| Maximum of 4 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) |
| <input type="checkbox"/> acetaminophen (TYLENOL)suspension | 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot tolerate oral tablet. |
| () ibuprofen (ADVIL, MOTRIN) tablet or oral suspension | "Or" Linked Panel |
| <input type="checkbox"/> ibuprofen (ADVIL, MOTRIN) tablet | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Give if patient is able to tolerate oral medication. |
| <input type="checkbox"/> ibuprofen (MOTRIN) 100 mg/5 mL suspension | 600 mg, oral, every 6 hours PRN, mild pain (score 1-3)
Use if patient cannot swallow tablet. |
| () acetaminophen-codeine (TYLENOL #3) tablet OR elixir | "Or" Linked Panel |

<input type="checkbox"/>	acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
<input type="checkbox"/>	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
<input type="checkbox"/>	traMADoL (ULTRAM) tablet	25 mg, oral, every 6 hours PRN, mild pain (score 1-3) Max recommended dose is 400 mg/day; or 200 mg/day in patients with CrCl LESS THAN 30 ml/min, or 100mg/day in ESRD patients

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

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

is not recommended. An alternative opioid should be utilized, if possible. (adjust dose for renal/liver function and age)

HYDROcodone-acetaminophen 10/325 (NORCO) tablet **"Or" Linked Panel**
OR elixir

Maximum of 4 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 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient able to swallow tablet.
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient unable to swallow tablet.
<input type="checkbox"/>	hydromorPHONE (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient able to swallow tablet
<input type="checkbox"/>	morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Tablets may be crushed. Give if able to swallow tablet.
<input type="checkbox"/>	oxyCODone-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 4 z grams of acetaminophen per day from all sources. (Cirrhosispatients maximum: 2 grams per day from all sources) Give if patient able to swallow tablet.
<input type="checkbox"/>	oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Tablets may be crushed. Give if patient able to swallow tablet
<input type="checkbox"/>	traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max recommended dose is 400 mg/day; or 200 mg/day in patients with CrCl LESS THAN 30 ml/min, or 100mg/day in ESRD patients

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

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)

HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet **"Or" Linked Panel**
OR elixir

Maximum of 4 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) Give if patient able to swallow tablet.
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient unable to swallow tablet.
<input type="checkbox"/>	oxyCODone-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/>	hydromorPHONE (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Give if able to swallow tablet. Nursing may crush tablets.

() morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Give if able to swallow tablet. Nursing may crush tablets.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Give if able to swallow tablet. Nursing may crush tablets.
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max recommended dose 300mg/day, 200mg/day with CrCl LESS THAN 30mL/min, and 100mg/day in ESRD.

[] PRN IV Medications for Moderate Pain (Pain Score 4-6):
For Patients LESS than 65 years old if unable to tolerate
Oral Pain Medication (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)

() morPHINE injection	2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6) Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6) Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

[] PRN IV Medications for Moderate Pain (Pain Score 4-6):
For Patients GREATER than or EQUAL to 65 years old if
unable to tolerate Oral Pain Medication (Single
Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

() morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6) Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.25 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

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

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

() HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir	"Or" Linked Panel Maximum of 4 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	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	30 mL, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient unable to swallow tablet.
() oxyCODone-acetaminophen (PERCOCET) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient able to swallow tablet.
() hydromorPHONE (DILAUDID) tablet	4 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient able to swallow tablet
() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Tablets may be crushed. Give if able to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10) (Max daily dose not to exceed 200 mg/day in patients with CrCl LESS than 30 ml/min). Give if patient able to swallow tablet.

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

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

HYDROcodone-acetaminophen 10/325 (NORCO) tablet **"Or" Linked Panel**
OR elixir

Maximum of 4 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 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
Give if patient able to swallow tablet. |
| <input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | 20 mL, oral, every 6 hours PRN, severe pain (score 7-10)
Give if patient unable to swallow tablet. |
| <input type="checkbox"/> oxyCODone-acetaminophen (PERCOCET) 10-325 mg per tablet | 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
Give if patient able to swallow tablet. |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) tablet | 4 mg, oral, every 6 hours PRN, severe pain (score 7-10) |
| <input type="checkbox"/> morPHINE immediate-release tablet | 15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Oral tablets may be crushed. Give if patient able to swallow tablets. |
| <input type="checkbox"/> oxyCODONE (ROXICODONE) immediate release tablet | 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)
Oral tablets may be crushed. Give if patient able to swallow tablet |
| <input type="checkbox"/> traMADoL (ULTRAM) tablet | 100 mg, oral, every 8 hours PRN, severe pain (score 7-10)
(For eGFR LESS than 30 mL/min, change frequency to every 12 hours.
Max recommended dose 300mg/day, 200mg/day with CrCl LESS THAN 30mL/min, and 100mg/day in ESRD. |

PRN IV Medications for Severe Pain (Pain Score 7-10):
For Patients LESS than 65 years old if unable to tolerate
Oral Pain Medication (Single Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)

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|---|---|
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after administering oral pain. |
| <input type="checkbox"/> morPHINE injection | 4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)
Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications. |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) injection | 1 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)
Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications. |

PRN IV Medications for Severe Pain (Pain Score 7-10):
For Patients GREATER than or EQUAL to 65 years old if
unable to tolerate Oral Pain Medication (Single
Response)

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

- | | |
|---|---|
| <input type="checkbox"/> fentaNYL (SUBLIMAZE) injection | 12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after administering oral pain medications. |
| <input type="checkbox"/> morPHINE injection | 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)
Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after administering oral pain medications. |
| <input type="checkbox"/> hydromorPHONE (DILAUDID) injection | 0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after administering oral pain medications. |

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: For Patients LESS than 70 years old (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: For Patients GREATER than or EQUAL to 70 years old (Single Response)

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

<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 HOLD for SBP LESS 100 mmHg

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFRAN) Oral or IV	"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) IV	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.

Bowel Regimen

<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 checked="" type="checkbox"/> polyethylene glycol (MIRALAX) packet	17 g, oral, daily
<input checked="" type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, if no bowel movement after 3 days

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