

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

ED Pain Management

Version 1 8/18/15

Medications

Analgesics

Oral

acetaminophen (TYLENOL)

- 650 milligram orally once
- 1000 milligram orally once

ibuprofen (MOTRIN)

- 400 milligram orally once
- 600 milligram orally once

HYDROcodone-acetaminophen 5 mg-325 mg tab (NORCO)

- 1 tablet orally once
- 2 tablet orally once

oxyCODONE-acetaminophen 5 mg-325 mg tab (PERCOCET)

- 1 tablet orally once
- 2 tablet orally once

oxyCODONE 5 mg tablet ROXICODONE)

- 5 milligram orally once
- 10 milligram orally once

traMADol (ULTRAM)

- 50 milligram orally once

IV One Time

morphine

- 4 milligram intravenously once
- 6 milligram intravenously once

HYDROmorphine (DILAUDID)

- 0.5 milligram intravenously once
- 1 milligram intravenously once

ketorolac (TORADOL)

- 15 milligram intravenously once
- 30 milligram intravenously once

fentaNYL

- 25 microgram slow intravenously once
- 50 microgram slow intravenously once

IM One Time

morphine

- 10 milligram intramuscularly once

ketorolac (TORADOL)

- 30 milligram intramuscularly once
- 60 milligram intramuscularly once

meperidine (DEMEROL)

- 25 milligram intramuscularly once
- 50 milligram intramuscularly once

orphenadrine (NORFLEX)

- 60 milligram intramuscularly once

diazepam (VALIUM)

- 5 milligram intramuscularly once

Initials \_\_\_\_\_

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IV PRN

morphine

- 2-4 milligram intravenous push every 2 hours as needed for moderate-to-severe pain

fentaNYL

- 25 microgram slow intravenously every 2 hours as needed for moderate-to-severe pain

HYDROmorphone (DILAUDID)

- 0.2 to 0.4 milligram intravenous push every 2 hours as needed for moderate-to-severe pain

ketorolac (TORADOL)

- 15 milligram intravenous push every 6 hours as needed for severe pain

Antiemetics

promethazine (PHENERGAN)

- 12.5 milligram intravenously once
- 25 milligram intramuscularly once

metoclopramide (REGLAN)

- 10 milligram intravenously once

ondansetron (ZOFRAN)

- 4 milligram intravenously once

prochlorperazine (COMPAZINE)

- 10 milligram intravenously once

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_