

(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: \_\_\_\_\_

**PROTOCOL FOR OPIOID INDUCED CONSTIPATION IN ADULTS  
\*NOT FOR PATIENTS THAT HAVE UNDERGONE RECENT BOWEL SURGERY**

**Version 3 5/14/2014**

1. Prophylaxis - Senna-S 2 tablets po daily, hold for loose stool
  
2. No BM in any 48-hour period - Increase Senna-S to 2 tablets po bid, hold for loose stool and choose 1 of the following:
  - \_\_\_\_\_ Milk of Magnesia 30 ml po once
  - \_\_\_\_\_ Lactulose 30 ml po once
  - \_\_\_\_\_ Bisacodyl Suppository 10mg pr once
  
3. No BM by 72 hours and patient not impacted – Continue prior regimen and add 1 of the following:
  - \_\_\_\_\_ Magnesium Citrate 10 oz. po once
  - \_\_\_\_\_ Fleet Enema pr once (if no recent lower GI surgery)

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