

## Introduction to Pain Management Orders

Pain management order sets in Electronic Medical Records, in conjunction with clear nursing protocols, can help to ensure that preferred medications are used, that appropriate doses are given to opioid naïve patients, that construction of PRN opioid orders have clear indications and avoidance of therapeutic duplication, e.g., two PRN opioid orders.

Following is a order set that was developed and evaluated at University of California, San Diego Medical Center that be used as a reference and starting point for constructing order sets at your institution. Order sets should be developed in conjunction with pain management experts at your institution, and should be accompanied by robust guidelines and protocols as well as clinician education to ensure safe administration.<sup>1</sup>

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<sup>1</sup> Acknowledgement: The posting of this order set example does not imply endorsement by Society of Hospital Medicine or the authors or editors of the implementation guide. For guidance on “as-needed” opioid orders, please see Drew D, Gordon D, Renner L, Morgan B, Swensen H, Manworren R; American Society of Pain Management Nurses; American Pain Society. The use of "as-needed" range orders for opioid analgesics in the management of pain: a consensus statement of the American Society of Pain Management Nurses and the American Pain Society. *Pain Manag Nurs*. 2014 Jun;15(2):551-4. doi: 10.1016/j.pmn.2014.03.001. This reference recommends avoiding dosing based solely on pain intensity ratings. Decisions about the implementation of range orders should be based on a thorough pain assessment and knowledge of the drug to be administered. Assessment should include at minimum: pain intensity, temporal (time or pattern) characteristics of the pain, and the patient’s previous response to this or other analgesics (e.g., pain relief, side effects, and impact on function).

General in-patient acute pain orders in EPIC EMR

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Source: University of California, San Diego Medical Center

Reference: Yi, C. Rescue Dose Orders as an Alternative to Range Orders: An Evidence-Based Practice Project. *Journal of PeriAnesthesia Nursing*, in press.

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### **Order Set Contents and Description: 3 steps in order entry**

Step 1. The provider selects the “General Pain Order Set with Rescue Orders”

Once selected, the order set pre-selects naloxone (0.1 mg IV every 2 minutes PRN respiratory depression).

Step 2. The provider then must select one of the 6 available non-opioid medications for mild pain.

- Acetaminophen- 650mg oral every 4 hours PRN mild pain (pain score 1-3). Do not exceed 4 grams of acetaminophen for all sources in 24 hours.
- Acetaminophen- 650mg oral SCHEDULED every 6 hours. Do not exceed 4 grams of acetaminophen for all sources in 24 hours.
- Acetaminophen- 975mg oral SCHEDULED every 8 hours. Do not exceed 4 grams of acetaminophen for all sources in 24 hours.
- Ibuprofen- 400mg oral, every 4 hours PRN Mild pain (Pain score 1-3), do not exceed 2,400 mg from all sources in 24 hours
- Ibuprofen- 400mg oral, SCHEDULED every 6 hours, do not exceed 2,400 mg from all sources in 24 hours
- Ibuprofen- 600mg oral, SCHEDULED every 6 hours, do not exceed 2,400 mg from all sources in 24 hours

3. The provider then selects one of the 4 options that include opioid PRN orders, and opioid “rescue dose” orders. Each of the 4 options includes:

- The PRN dose for moderate and severe pain (using the 0-10 numeric scale)
- The PRN dose for a positive behavioral assessment (for those who can not report pain using the numeric scale)
- The PRN dose for anticipated pain (pre-medication) and assumed pain (for patient who can not report pain, and cannot display painful behaviors due to paralysis/sedation etc.)
- The “rescue dose,” which is an additional dose that the patient’s nurse can give if the patient’s pain is not relieved at the peak of the standard PRN dose (about 30 minutes after IV, or 60 minutes after PO).
- \*\*\*Note, nurses are able to chose between the IV and PO resuce options depending on the patient status. IV can be given if the patient needs immedite onset or is unable to take PO

The 4 opioid options are listed below: the first 2 are PO, and the second 2 are IV.

- Oral oxycodone PRN with oral oxycodone and IV morphine rescue doses
- Oral hydrocodone-APAP (Norco) PRN with Norco and IV morphine rescue doses
- IV morphine PRN with IV morphine rescue doses
- IV hydromorphone PRN with IV hydromorphone rescue doses

Once the provider chooses one of the 4 options, the order expands to more detail. Below is what is included in the expanded view of each option:

- Oral oxycodone PRN with oral oxycodone and IV morphine rescue doses
  - Oxycodone 5mg PO every 4 hours PRN moderate pain (pain score 4-6), behavioral/assumed pain, anticipated pain (pre-med)
  - Oxycodone 10 mg PO every 4 hours severe pain (pain score 7-10)
  - RESCUE DOSE: Oxycodone 5mg PO every 4 hours PRN moderate pain (pain score 4-6), severe pain (pain score 7-10), behavioral/assumed pain. For pain unreleased at least one hour after PRN dose was administered. Do not administer more than three rescue doses in a 24 hour period.
  - RESCUE DOSE: Morphine 2mg IV every 4 hours PRN moderate pain (pain score 4-6), severe pain (pain score 7-10), behavioral/assumed pain. For pain unreleased at least one hour after PRN dose was administered. Do not administer more than three rescue doses in a 24 hour period.
- Oral hydrocodone-APAP (Norco) PRN with Norco and IV morphine rescue doses
  - Hydrocodone-APAP 5-325 mg every 4 hours PRN moderate pain (pain score 4-6), behavioral/assumed pain, anticipated pain (pre-med)
  - Hydrocodone-APAP 10-325 PO every 4 hours severe pain (pain score 7-10)
  - RESCUE DOSE: Hydrocodone-APAP 5-325 PO every 4 hours PRN moderate pain (pain score 4-6), severe pain (pain score 7-10), behavioral/assumed pain. For pain unreleased at least one hour after PRN dose was administered. Do not administer more than three rescue doses in a 24 hour period.
  - RESCUE DOSE: Morphine 2mg IV every 4 hours PRN moderate pain (pain score 4-6), severe pain (pain score 7-10), behavioral/assumed pain. For pain unreleased at least one hour after PRN dose was administered. Do not administer more than three rescue doses in a 24 hour period.
- IV morphine PRN with IV morphine rescue doses PREFERRED
  - Morphine 2mg IV every 4 hours PRN moderate pain (pain score 4-6), behavioral/assumed pain, anticipated pain (pre-med)
  - Morphine 4mg IV every 4 hours severe pain (pain score 7-10)
  - RESCUE DOSE: Morphine 2mg IV every 4 hours PRN moderate pain (pain score 4-6), severe pain (pain score 7-10), behavioral/assumed pain. For pain unreleased at least one hour after PRN dose was administered. Do not administer more than three rescue doses in a 24 hour period.
- IV hydromorphone PRN with IV hydromorphone rescue doses
  - Hydromorphone 0.5mg IV every 4 hours PRN moderate pain (pain score 4-6), behavioral/assumed pain, anticipated pain (pre-med)
  - Hydromorphone 1mg IV every 4 hours severe pain (pain score 7-10)
  - RESCUE DOSE: Hydromorphone 0.5 mg IV every 4 hours PRN moderate pain (pain score 4-6), severe pain (pain score 7-10), behavioral/assumed pain. For pain unreleased at least

one hour after PRN dose was administered. Do not administer more than three rescue doses in a 24 hour period.