THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 PHYSICIAN'S ORDER FORM	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS ANALGESIA PHYSICIAN ORDERS - MECHANICALLY VENTILATED PATIENTS		
			PAIN ASSESSMENT	Assess pain every _____ hours(s) while awake. Call physician if pain exceeds _____ on the following **PAIN INTENSITY SCALE** and is not controlled by maximized analgesic therapy. 0------1-------2-------3-------4--------5-------6-------7------8-------9-------10 NO PAIN MODERATE PAIN WORST POSSIBLE PAIN For patients unable to report pain rating assess following physiologic indicators of pain: increased heart rate, increased blood pressure, diaphoresis, tearing, grimacing, etc.
		_____ Mark here to exclude the patient from the daily discontinuation of analgesia. NOTE: All surgical patients or patients with primary pain control issues are automatically excluded from daily discontinuation of analgesia.		
		☐	MORPHINE $	☐ Loading dose _____ mg (1-15 mg) IV, administer slowly. ☐ Maintenance infusion _____ mg/hr (1-10 mg/hr) IV ☐ Bolus _____ mg (1-10 mg) IV and increase infusion by _____ (1 mg/hr) prn breakthrough pain
		☐	FENTANYL $	☐ Loading dose _____mcg (50-150 mcg) IV, administer slowly. ☐ Maintenance infusion _____ mcg/hr (30-100 mcg) IV ☐ Bolus _____ mcg (50-100 mcg) IV and increase infusion by_____ (50 mcg/hr) prn break through pain up to a maximum of _____ mcg/hr.

Physician Signature: _____ Pager: _____

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