

ADULT BURN/WOUND PAIN AND ANXIOLYSIS PLAN

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Background pain/Neuropathic pain
Only choose ONE of the following: pregabalin or gabapentin

pregabalin
 50 mg, PO, cap, BID

gabapentin
 300 mg, PO, cap, q8h

Only choose ONE of the following: acetaminophen-codeine #3 or traMADol

acetaminophen-codeine (acetaminophen-codeine #3)
 1 tab, PO, tab, q6h

traMADol
 50 mg, PO, tab, q6h

methadone
 2.5 mg, PO, soln, q8h

Breakthrough pain
HYDROmorphine
 0.25 mg, IVPush, inj, q4h, PRN pain-severe (scale 7-10)/breakthrough

Wound care pain control and anxiolysis
Anxiolysis
Use adjusted body weight for dose calculation in obese patients (BMI > 30)
ketamine
 2.5 mg/kg, PO, inj, Daily, PRN burn care, Use adjusted body weight for dose calculation in obese patients (BMI greater than 30).
Give 20 minutes prior to burn care, mix in 50 mL of orange juice
Use the IV injection for oral use. Use adjusted body weight for dose calculation in obese patients (BMI greater than 30).

midazolam
 5 mg, PO, liq, Daily, PRN wound care
Administer 30-45 minutes prior to wound care for anxiolysis

midazolam
 1 mg, IVPush, inj, q20min, PRN anxiety
Anxiety during wound care. Max dose = 4 mg for 1 wound care session

Analgesia
Only choose ONE of the following- acetaminophen-codeine #3 or traMADol
acetaminophen-codeine (acetaminophen-codeine #3)
 2 tab, PO, tab, Daily, PRN wound care

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	<p>traMADol <input type="checkbox"/> 100 mg, PO, tab, Daily, PRN wound care</p>
	<p>morphine <input type="checkbox"/> 30 mg, PO, liq, Daily, PRN wound care</p>
	<p>lidocaine (lidocaine 2,000 mg/500 mL (IVPB for Burn Care)) <input type="checkbox"/> 480 mg, IVPB, ivpb, q24h, PRN burn care, Infuse over 4 hr Give a 1.5 mg/kg bolus over 5 minutes 30 minutes prior to wound care. Then give a 0.5 mg/kg bolus over 5 minutes 20 minutes prior to wound care AND 15 minutes prior to wound care. When wound care is initiated start the lidocaine drip at 2 mg/min continuous until wound care is completed. Discontinue drip when patient returns to room.</p>
	<p>During Wound Care morphine <input type="checkbox"/> 2 mg, IVPush, inj, q15min, PRN other Pain during wound care. Max dose = 8 mg for 1 wound care session</p>
	<p>HYDROmorphone <input type="checkbox"/> 0.25 mg, IVPush, inj, q15min, PRN other Pain during wound care. Max dose = 1 mg for 1 wound care session</p>

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Physician Signature: _____ Date _____ Time _____

