# DISCOMFORT MED PLAN

#### **Patient Label Here**

	PHYSICIAN ORDERS					
Diagnosi	s					
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					
	Patient Care					
	Perform Bladder Scan  Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.					
	Medications  Medication sentences are per dose. You will need to calculate a total daily dose if needed.					
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge)  1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat					
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid)  10 mL, PO, liq, q4h, PRN cough					
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew)  15 mL, swish & spit, liq, q2h, PRN mucositis  While awake					
	Anti-pyretics					
	Select only ONE of the following for fever					
	acetaminophen  ☐ 500 mg, PO, tab, q4h, PRN fever  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.  ☐ 1,000 mg, PO, tab, q6h, PRN fever  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.					
	ibuprofen  ☐ 200 mg, PO, tab, q4h, PRN fever  Do not exceed 3,200 mg in 24 hours. Give with food.  ☐ 400 mg, PO, tab, q4h, PRN fever  Do not exceed 3,200 mg in 24 hours. Give with food.					
	Analgesics for Mild Pain					
	Select only ONE of the following for mild pain  acetaminophen  500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.  Continued on next page					
□ то	☐ Read Back ☐ Scanned Powerchart ☐ Scanned PharmScan					
Order Take	n by Signature: Date Time					
Physician S	Signature: Date Time					

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	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					
	<ul> <li>□ 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> <li>□ 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)</li> <li>***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen contraindicated or ineffective, use ibuprofen if ordered.</li> </ul>					
	ibuprofen  ☐ 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hour	rs***. Give with food.				
	Analgesics for Moderate Pain					
	Select only ONE of the following for moderate pain					
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5  ☐ 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 ineffective, use if ordered.  ☐ 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 2 ineffective, use if ordered.	4 hours*** If hydrocodone/acetami	·			
	acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)  1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective , use if ordered.  2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6)  ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** If acetaminophen/codeine contraindicated or ineffective , use if ordered.					
	traMADol  50 mg, PO, tab, q6h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered.  50 mg, PO, tab, q4h, PRN pain-moderate (scale 4-6) If tramadol contraindicated or ineffective, use if ordered.					
	ketorolac ☐ 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access*** If ketorolac contraindicated or ine	ffective, use if ordered.				
	Analgesics for Severe Pain					
	Select only ONE of the following for severe pain  morphine  2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)  If morphine contraindicated or ineffective, use hydromorphone if ord  4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)  If morphine contraindicated or ineffective, use hydromorphone if ord					
□ то	☐ Read Back	☐ Scanned Powerchart	☐ Scanned PharmScan			
Order Taken by Signature:		Date	Time			
Physician Signature:		Date	Time			

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	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	•						
	HYDROmorphone  ☐ 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) ☐ 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)	0.4 mg, Slow IVPush, inj, q4h, l	PRN pain-severe (scale 7-10)					
	Antiemetics							
	Select only ONE of the following for nausea  promethazine  25 mg, PO, tab, q4h, PRN nausea							
	ondansetron  ☐ 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if orde ☐ 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if orde							
	Gastrointestinal Agents							
	Select only ONE of the following for constipation  docusate  100 mg, PO, cap, Nightly, PRN constipation  If docusate contraindicated or ineffective, use bisacodyl if ordered.  100 mg, PO, cap, Daily  Do not crush or chew.							
	bisacodyl ☐ 10 mg, rectally, supp, Daily, PRN constipation							
	Antacids							
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magn suspension)  30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.	esium hydroxide-simethicone 20	0 mg-200 mg-20 mg/5 mL oral					
	simethicone ☐ 80 mg, PO, tab chew, q4h, PRN gas	160 mg, PO, tab chew, q4h, PF	RN gas					
	Anxiety							
	Select only ONE of the following for anxiety							
	ALPRAZolam ☐ 0.25 mg, PO, tab, TID, PRN anxiety							
	LORazepam ☐ 0.5 mg, IVPush, inj, q6h, PRN anxiety	☐ 1 mg, IVPush, inj, q6h, PRN an	xiety					
	Insomnia							
	Select only ONE of the following for insomnia							
	ALPRAZolam ☐ 0.25 mg, PO, tab, Nightly, PRN insomnia							
	LORazepam 2 mg, PO, tab, Nightly, PRN insomnia							
□ то	☐ Read Back	Scanned Powerchart □	Scanned PharmScan					
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ORDER	ORDER DETAILS					
	zolpidem  5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective					
	Antihistamines					
	diphenhydrAMINE ☐ 25 mg, PO, cap, q4h, PRN itching	25 mg, IVPush, inj, q4h, P	RN itching			
	Anorectal Preparations					
	Select only ONE of the following for hemorrhoid care					
	witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)  1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area					
	mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%    1 app, rectally, oint, q6h, PRN hemorrhoid care   Apply to affected area	6-0.25% rectal ointment)				
□ то	Read Back	Scanned Powerchart	☐ Scanned PharmScan			
Order Take	en by Signature:	Date	Time			
Physician	Signature:	Date	Time			

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