

UMC Health System DISCOMFORT MED PLAN	Patient Label Here
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PHYSICIAN ORDERS

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 <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	
	Select only ONE of the following for nausea promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered. <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea If ondansetron contraindicated or ineffective, use promethazine if ordered.
Gastrointestinal Agents	
	Select only ONE of the following for constipation docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation If docusate contraindicated or ineffective, use bisacodyl if ordered. <input type="checkbox"/> 100 mg, PO, cap, Daily Do not crush or chew.
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Anxiety	
	Select only ONE of the following for anxiety ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety
	LORazepam <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety
Insomnia	
	Select only ONE of the following for insomnia ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, Nightly, PRN insomnia
	LORazepam <input type="checkbox"/> 2 mg, PO, tab, Nightly, PRN insomnia

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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	<p>zolpidem</p> <p><input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective</p>
Antihistamines	
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching <input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</p>
Anorectal Preparations	
	<p>Select only ONE of the following for hemorrhoid care</p> <p>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</p> <p><input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area</p>
	<p>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area</p>

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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____