

<b>UMC Health System</b>  GERIATRIC DISCOMFORT MED PLAN	Patient Label Here
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**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**

**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

**melatonin**  
 2 mg, PO, tab, Nightly, PRN insomnia

**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\*\*\*  
 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)  
 \*\*\*Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*  
 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3)  
 \*\*\*Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*

**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 hours\*\*\*  
 Give with food.

**Analgesics for Moderate Pain**

Select only ONE of the following for Moderate Pain

**HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet)**  
 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7)  
 \*\*\*Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours \*\*\*

**acetaminophen-codeine (acetaminophen-codeine (Tylenol with Codeine) 300 mg-30 mg oral tablet)**  
 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-7)  
 \*\*\*\*\* Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours\*\*\*\*\*

**Analgesics for Severe Pain**

Select only ONE of the following for Severe Pain

**morphine**  
 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)

TO     Read Back     Scanned Powerchart     Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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**PHYSICIAN ORDERS**

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ORDER	ORDER DETAILS
	<b>HYDRomorphone</b> <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 8-10)
	<b>Antiemetics</b>
	<b>ondansetron</b> <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea/vomiting
	<b>Gastrointestinal Agents</b>
	Select only ONE of the following for constipation  <b>docusate</b> <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation
	<b>bisacodyl</b> <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation
	<b>Antacids</b>
	<b>Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension)</b> <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	<b>simethicone</b> <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <span style="margin-left: 200px;"><input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas</span>
	<b>Anti-pyretics</b>
	Select only ONE of the following for fever  <b>acetaminophen</b> <input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours***
	<b>ibuprofen</b> <input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food. <input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours*** Give with food.
	<b>Anorectal Preparations</b>
	Select only ONE of the following for hemorrhoid care  <b>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</b> <input type="checkbox"/> 1 app, topical, pad, as needed, PRN hemorrhoid care Wipe affected area
	<b>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</b> <input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

