

| | |
|---|---------------------------|
| UMC Health System PEDIATRIC OPIATE WEAN PLAN | Patient Label Here |
|---|---------------------------|

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

Communication

Notify Provider of VS Parameters

Medication Management (Notify Nurse and Pharmacy)
 Start date T;N
 Discontinue morphine or fentanyl infusion 30 minutes after 1st dose of methadone.

Medications

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

naloxone (naloxone pediatric)
 0.01 mg/kg, IVPush, inj, q2min, PRN bradypnea 2 mg, IVPush, inj, q2min, PRN bradypnea

Choose weaning protocol based on how long the patient has been on a morphine or fentanyl continuous infusion:

 If 7-14 days - use wean protocol #1.
 If greater than 14 days - use wean protocol #2.

 EQUIPOTENT Conversion:

 morphine: ___mg/hr x 1 = methadone mg/dose
 fentanyl: ___mcg/hr divided by 1,000 = fentanyl mg/hr
 fentanyl: ___mg/hr x 100 = methadone mg/dose

 STARTING Dose: Equipotent dose of methadone x 0.8 = _____mg
 SUBSEQUENT Dose: Starting dose of methadone x 0.4 = _____mg

Wean Protocol #1

Day 1 Starting Dose:

methadone
 mg, per tube/PO, liq, q6h, x 4 dose
 The starting dose of methadone is not to exceed 10 mg (Maximum daily dose 40 mg).

Day 2 Subsequent dose:

methadone
 mg, per tube/PO, liq, q6h, x 4 dose

Day 3 Subsequent dose:

methadone
 mg, per tube/PO, liq, q8h, x 3 dose

Day 4 Subsequent dose:

methadone
 mg, per tube/PO, liq, q12h, x 2 dose

Day 5 Subsequent dose:

methadone
 mg, per tube/PO, liq, q24h, x 1 dose

Wean Protocol #2

TO Read Back Scanned Powerchart Scanned PharmScan

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

