**PHYSICIAN ORDERS**

for

**OPIOID ANALGESIA**

IN THE

**EMERGENCY DEPARTMENT**

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**Patient Identification**

- **Weight:** __________ kg
- **Height:** ______cm
- **Allergies:** ____________________________

*Initial on all lines applicable*

- Notify Child Life Specialist for procedural support

**DIET:**

- NPO

**VITAL SIGNS/MONITORING:**

- For INTRAVENOUS or INTRANASAL narcotics: Monitor level of consciousness, HR, RR, BP and pain score prior to therapy and Q10min for 30 minutes. Continuous oxygen saturation monitoring for 30 minutes

**FLUIDS:**

- IV bolus 0.9% NaCl __________ mL over _______ minutes
- IV 0.9% NaCl at __________ mL/h
- IV D5W/0.9% NaCl at __________ mL/h

**MEDICATIONS:**

- FentaNYL ______ mcg (1.5 mcg/kg/dose, MAX 100 mcg) Intranasal x 1 dose; give 50% in each nostril
- Morphine ______ mg (0.05 – 0.1 mg/kg/dose, initial MAX 5 mg/dose) IV; may repeat x 1 after 15 minutes then Q2H PRN
- Morphine ______ mg (0.2 – 0.3 mg/kg/dose, initial MAX 10 mg/dose) PO Q4H PRN
- Ondansetron _________ mg (0.1 mg/kg/dose, MAX 4 mg/dose) IV Q6H PRN (MAX of 3 doses/day)

**Other:** ____________________________________________________________

Do not use Ketamine within 30 minutes of an opioid medication due to increased risk of respiratory adverse events

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**PHYSICIAN SIGNATURE**

**PRINT NAME OF PHYSICIAN**

**DATE & TIME**

**NURSE SIGNATURE**

**PRINT NAME OF NURSE**

**DATE & TIME**

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*Yellow Copy – Pharmacy*  
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