



CULLMAN  
REGIONAL

## PHYSICIAN'S ORDERS

NAME:  
ROOM NO:  
(ADDRESS)  
HOSP. NO.  
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

### Emergency Department Intravenous Fentanyl Order Set

\*\*\*Target pain score < 5 (based on pain assessment)

#### ADULT (12 years or at least xx Kg)

- ☐ **FENTANYL** (*Preferred agent for pain control with hemodynamic instability*)
- ☐ FentaNYL bolus at 12.5 Mcg IV q 5 minutes PRN pain score 2-3 (mild pain).
  - ☐ FentaNYL bolus at 25 Mcg IV q 5 minutes PRN pain score 4-6 (moderate pain).
  - ☐ FentaNYL bolus at 50 Mcg IV q 5 minutes PRN pain score 7-10 (severe pain).
  - Repeat boluses until pain controlled
  - If the patient requires > 2 boluses in an hour, begin continuous infusion at 25 Mcg/hr, increase rate by 12.5 Mcg/hr q hour.
  - Maximum dosage = 150 Mcg/hr
  - Notify physician for oversedation or when target pain score not achieved at maximum dosage.

#### PEDIATRIC (Birth to 12 years or up to xx Kg)

- ☐ **FENTANYL** (*Preferred agent for pain control with hemodynamic instability*)
- ☐ FentaNYL bolus at \_\_\_\_ Mcg IV q 5 minutes PRN pain score 2-3 (mild pain).
  - ☐ FentaNYL bolus at \_\_\_\_ Mcg IV q 5 minutes PRN pain score 4-6 (moderate pain).
  - ☐ FentaNYL bolus at \_\_\_\_ Mcg IV q 5 minutes PRN pain score 7-10 (severe pain).
  - Repeat boluses until pain controlled
  - If the patient requires > 2 boluses in an hour, begin continuous infusion at \_\_\_\_ Mcg/hr, increase rate by \_\_\_\_ Mcg/hr q hour.
  - Maximum dosage = \_\_\_\_ Mcg/hr
  - Notify physician for oversedation or when target pain score not achieved at maximum dosage.

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

☐ Indicates MD discretion

Please use Ball Point Pen ONLY

Created: 09/01/15 Page 1 of 1 DO NOT USE: U IU QD QOD MS MSO4 MgSO4