

GENERIC SUBSTITUTE UNLESS CHECKED

**ORDERS ARE IN EFFECT UNLESS CROSSED OUT.**  
 Exceptions: Orders preceded by a box () require a ✓ to initiate order.  
 Orders with blanks indicate additional information is needed.

\*Patient name: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Date \_\_\_\_\_ \*Diagnosis and ICD-10 code: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Time \_\_\_\_\_ Code status:  Full  DNR  Medications only  Other (specify) \_\_\_\_\_

Draw:  CBC  CMP  Hgb & Hct  Other (specify) \_\_\_\_\_

Vascular access:  Port  PICC  CVC  Start SL

**Access pain level prior to treatment:**

**Phenergan**

- 25mg IM
- 50mg IM

**Zofran**

- 4mg IV
- 8mg IV
- 4mg ODT
- 8mg ODT

**Toradol**

- 60mg IM
- 30mg IV

**Demerol**

- 50mg IM
- 75mg IM
- 50mg IV
- 75mg IV

**IV Hydration Bolus**

- 1L NS
- 2L 1/2NS/D5W
- 1L D5W

Discharge patient when complete if stable and pain level is within tolerable range.

Additional orders: \_\_\_\_\_

\_\_\_\_\_  
\*Physician signature

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\*Time

\*Denotes field that must be completed by healthcare worker

**FAX order form to 503-815-7515**



Physician Order: Pain Management  
 Adventist Health Tillamook  
 1000 Third St., Tillamook OR 97141

{ Patient label }

Physician Order