

HARBOR-UCLA MEDICAL CENTER

Adult Morphine Sustained-Release (SR) & Methadone Orders

This order set is not intended for the treatment of iatrogenic withdrawal or mother-fetus-induced neonatal abstinence syndrome.

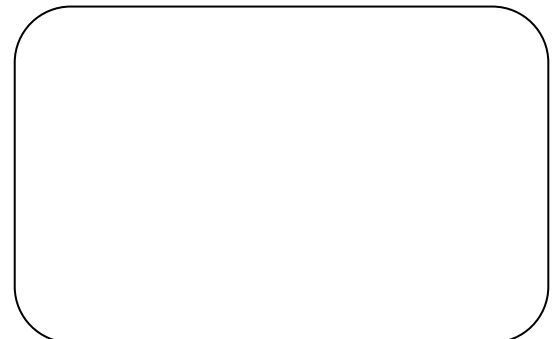
Pain Service (pager 5477) Palliative Care Service (pager 4804)

Must be filled out upon initiation of therapy, renewal, and transfer.

Allergies	Weight
Diagnosis	Location

A. Exclusion criteria: Do NOT initiate orders if "Yes" is checked for any of the following criteria:	YES	NO
1. Is the patient opioid-naive?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is this for management of mild or intermittent pain?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the patient also on another long acting opioid?	<input type="checkbox"/>	<input type="checkbox"/>
B. Inclusion criteria: Initiate orders only if "Yes" is checked for one of the following criteria:	YES	NO
1. Home regimen prior to admission: <input type="checkbox"/> Morphine Sustained-Release (SR) _____ mg PO every _____ hours <input type="checkbox"/> Methadone (with last dose within 72 hours) _____ mg PO every _____ hours Any increase from home regimen requires approval from Attending Physician, Pain Service, or Palliative Care Service	<input type="checkbox"/>	<input type="checkbox"/>
2. New start of morphine SR: Dose may not be more than 30 mg/day For starting dose > 30 mg/day obtain approval from Attending Physician, Pain Service, or Palliative Care Service <i>For conversion from another opioid, consider starting at <50% of the equi-anlgesic dose for Morphine SR (See table on back)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. New start of methadone: Dose may not be more than 10 mg/day. For starting dose > 10 mg per day obtain approval from Attending Physician, Pain Service, or Palliative Care Service If prescribing methadone for pain, consider all patients as opioid-naive, no matter how much opioid medication they have been previously taking. Do not adjust dose more frequently than once every 7 days.	<input type="checkbox"/>	<input type="checkbox"/>
4. Regimen prior to renewal or transfer <input type="checkbox"/> Morphine Sustained-Release (SR) _____ mg PO every _____ hours <input type="checkbox"/> Methadone (with last dose within 72 hours) _____ mg PO every _____ hours Any increase from previous dosing requires approval from Attending Physician, Pain Service, or Palliative Care Service	<input type="checkbox"/>	<input type="checkbox"/>
C. Medication Order: MUST BE FILLED OUT FOR PHARMACY TO PROCESS		
<input type="checkbox"/> Morphine SR _____ mg PO Frequency _____		
<input type="checkbox"/> Methadone _____ mg PO Frequency _____		

Provider Printed Last Name:	
Provider Signature	ID:
Date: - - :	Time: :
RN Printed Last Name:	
RN Signature:	
Date: - - :	Time: :



ADULT MORPHINE SUSTAIN-RELEASE (SR) AND METHADONE ORDERS



HARBOR-UCLA MEDICAL CENTER
Opioid Dosing Conversion Guidelines

Opioid	Equi-analgesic dose (mg)
Fentanyl (parenteral)	0.1
Hydromorphone (parenteral)	1.5
Hydromorphone (oral)	7.5
Meperidine (parenteral)	75
Morphine (parenteral)	10
Morphine (oral)	30
Oxycodone (oral)	15-30

Reference: Lexicomp's Drug Information Handbook, 20th edition

Fentanyl patch dose (microgram/hour)	Equi-analgesic 24 hour oral morphine dose (mg)
25	60
50	120
75	150
100	210

Reference: 1. Fentanyl Transdermal System product insert, Watson Pharma, Aug 2008

2. www.palliativecareguidelines.com

Equi-analgesic doses contained in this table are approximate, and should be used only as a guideline. Dosing must be titrated to individual response. There is often incomplete cross-tolerance among these drugs. It is, therefore, typically necessary to begin with a dose lower (e.g. 50% lower) than the equianalgesic dose when changing drugs and then titrate to an effective response.

**ADULT MORPHINE SUSTAIN-RELEASE (SR)
AND METHADONE ORDERS**