

# MORPHINE SULFATE ORDER FORM

\*\*To Be Delivered via CADD Pump - For Terminally Ill Hospice Patient\*\*

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Delivery Address (Home) : \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Primary Diagnosis: \_\_\_\_\_

## MEDICATION ORDER - MORPHINE SULFATE

Concentration (check one):

5 mg/mL  20 mg/mL  30 mg/mL

Volume (check one):

50 mL  100 mL  150 mL

Quantity: \_\_\_\_\_ bags

Route (check one):  SQ  IV

## ADMINISTRATION DIRECTIONS

Standard Pain Control

Infuse at \_\_\_\_\_ mg/hour.

Provide a bolus of \_\_\_\_\_ mg every \_\_\_\_\_ minutes as needed for breakthrough pain.

Moderate to Severe Pain (Limited Titration)

Infuse at \_\_\_\_\_ mg/hour with a bolus dose of \_\_\_\_\_ mg every \_\_\_\_\_ minutes as needed.

May increase infusion rate every 8 hours by \_\_\_\_\_ mg/hr if  $\geq$  \_\_\_\_\_ boluses are used within 8 hours, to a maximum rate of \_\_\_\_\_ mg/hr.

High Symptom Burden (Full Titration Protocol)

Infuse at \_\_\_\_\_ mg/hour with a bolus dose of \_\_\_\_\_ mg every \_\_\_\_\_ minutes as needed.

May increase infusion rate every 8 hours by \_\_\_\_\_ mg/hr, up to a max of \_\_\_\_\_ mg/hr if patient requires  $\geq$  \_\_\_\_\_ boluses/8 hrs.

If rate is increased, also increase the bolus by \_\_\_\_\_ mg (same PRN interval), up to a maximum bolus of \_\_\_\_\_ mg.

## SUPPLIES (check all that apply)

PICC  Port  SQ Set / Subcutaneous Site Supplies

## PRESCRIBER INFORMATION

Prescriber Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber Signature : \_\_\_\_\_

DEA #: \_\_\_\_\_

Office/Facility Address: \_\_\_\_\_