Subject: Pain Management Range Orders

Purpose: To establish guidelines for use of range orders with local interpretation in accordance with regulatory guidelines while maintaining best practices and providing pain management in a safe, effective and consistent manner by all health care providers.

MMSC recognizes the patients’ right to adequate individualized pain control, while meeting quality and regulatory guidelines. Pain management range orders are in place to aid medical providers, pharmacists and nursing personnel the ability to maximize patient satisfaction and pain relief, while safeguarding patient safety. Non-pharmacological interventions will be part of all individual patient care plans.

Policy: To define procedures to be followed for the use of range orders used to individualize patient care.

1. DEFINITIONS:
   - **Range order:** A medication range order is any medication order where the dosage and/or frequency is expressed as a range, e.g., morphine 2-4 mg IV every 4-6 hours PRN pain.
   - **Mild pain:** Standard pain scale 1-3, Faces 2
   - **Moderate pain:** Standard pain scale 4-6, Faces 4-6
   - **Severe pain:** Standard pain scale 7-10, Faces 8-10

2. GENERAL CONSIDERATIONS:
   A. Medication range orders should be wide enough to provide appropriate options for dose titration, but narrow enough to ensure safety.
   
   B. The maximum prescribed dose within a range should not be greater than four times the minimum dose.
   
   C. Nursing must assess the patient and if the administration of the medic not effective, nursing needs to contact the prescriber for a new order

3. PRACTICE/PROCEDURE:
   A. Medication range orders should be written in a manner that clearly states the intent of the prescriber in order for accurate and consistent interpretation by all healthcare providers. Range orders lacking direction and/or a defined therapy indication represent a situation for potential medication errors. The following procedures will be used for interpretation of range orders unless a practitioner clearly specifies another desired interpretation within the order. These guidelines should not replace discussion between the prescriber and caregiver regarding individual
patient needs. If at any time questions exist, the nurse will contact the prescriber, or request assistance from Pharmacy when appropriate, prior to proceeding with medication administration:

1. For unclear orders
2. For orders missing requisite information
3. For dose or drug limiting side effects
4. If the desired clinical effect is not achieved at the maximum dose of a dose range following appropriate titration

B. DOSAGE –
Dose range orders will be initiated at the lowest dose. For example, medication ordered for administration of 1 or 2 tablets will be administered upon initial dose as 1 tablet. If symptomatic relief is not obtained and no adverse effects are observed, the dose may be increased to 2 tablets. The rationale for administration of the higher dose in the ordered range must be well documented in the medical record and include appropriate supportive criteria, e.g., vital signs, patient complaints and observable symptoms.

Doses less than the ordered range cannot be given. The prescriber must write a new order to administer a dose lower than the range previously specified.

C. FREQUENCY
Clinicians are encouraged not to write any medication orders that specify a range for frequency of administration. When a frequency is expressed as a range, the order will be interpreted such that the medication may be given as frequently as the lower end of the specified range. For example, a frequency of "every 4-6 hours" will default to the shortest time frame "every 4 hours".

D. RANGE ORDERS FOR PAIN MANAGEMENT
Range orders for pain medications should be further defined with either descriptors (i.e., mild, moderate or severe) or pain scores. An order written as "Lortab 325-5 one or two tablets PO every 4 to 6 hours PRN pain" would be more appropriately written, for example, as "Lortab 325-5 one tablet PO every 6 hours PRN moderate pain, or two tablets PO every 4 hours PRN severe pain" in order to convey accurate and clear instruction and facilitate consistent care. Prior to the administration of any PRN pain medication, the patient's pain will be assessed. Analgesic medication doses will be administered per the prescriber's pain level indication, if specified on the order, based on the patient's self-reported pain score (0-10), or other standard pain scale if unable to communicate. The nurse will document the pain score in the medical record before and after every PRN dose of pain medication administered.

E. RANGE ORDER INTERPRETATION EXAMPLES
1. Dosage and frequency ranges
   Acetaminophen-Hydrocodone (Lortab 325-5) 1-2 tabs PO every 4-6 hours PRN pain
   - Initially, the patient may receive 1 tablet every 4 hours as needed for any level of pain, provided there are no active duplicate pain medication orders. (If therapeutic duplication, the prescriber will be contacted to clarify the level of pain indication for each ordered pain medication.)
   - The patient's pain must be reassessed prior to administration
of any additional doses.
If the desired effect is not achieved and no adverse reactions have been observed after the initial dose, the patient may receive 2 tablets every 4 hours as needed for pain.

Morphine 2-4 mg IV every 3-4 hours PRN severe pain
- Initially, the patient may receive 2 mg IV for a pain level of 7-10
- The patient's pain must be reassessed prior to administration of any additional doses
- If the desired effect is not achieved and no adverse reactions have been observed after the initial dose, the patient may receive 4 mg IV every 3 hours as needed for severe pain

2. Dosage range frequency
Promethazine (Phenergan) 12.5-25 mg IM every 6 hours PRN nausea
- Initially, the patient may receive 12.5 mg every 6 hours as needed for nausea
- If the desired effect is not achieved and no adverse reactions have been observed after the initial dose, the patient may receive 25 mg IM every 6 hours as needed for nausea

3. Frequency range without dosage range
Morphine 2 mg IV every 3-4 hours PRN severe pain
- The patient may receive 2 mg every 3 hours as needed for severe pain
- If the desired effect is not achieved at the shortest dosing interval (i.e., 3 hours), the prescriber should be notified of the need for reassessment


Institute of Safe Medication Practices.
Genesis Health System Medication Range Order Policy

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