

Upon order entry by an inpatient provider, inpatient pharmacists receive a Pharmacy Consult – Pain Management task in the Multi-Patient Task List (MPTL). The Pharmacy Pain Consult PowerForm will be accessed from the Multi-Patient Task List.

Ordering & Multi-Patient Task List

- By way of an electronic order entered by an inpatient provider for **Pharmacy Consult – Pain Management**, a task will populate the **Multi-Patient Task List (MPTL)**.
 - The **Reason for Consult** field is required and options include **Convert opioid route of administration**, **Convert to different opioid medication**, **Recommend non-opioid adjunctive meds**, or **Recommend opioid dosing strategies**. These four reasons will determine type of consult needed.

- The selection within **Reason for Consult** will display on the MPTL in the **Order Details** column.

	SBLA / B590 / 02	*TESTING, HANNAH 02/11/1977 <i>*Name Alert</i>	2344380	08/18/2022 10:56 EDT	Pharmacy Consult - Pain Management	ONCE	ONCE Reason: Recommend non-opioid adjunctive meds	Start Date: 08/1...
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Pharmacist Pain Consult PowerForm

Pharmacist Pain Consult

Ordering Provider: TESTING, ERXS

MME in past 24 hr: Morphine Milligram Equivalents (MME) in past 24 hours:

Discharge Planning: For discharge planning, Maine state law limits opioid prescriptions to 100 MME/day or less, unless the patient qualifies for an exemption.

Opioid Tolerance: Opioid tolerant Opioid naive

Bowel Regimen?: Yes No

Time (minutes):

Pertinent Subjective / Objective: Segoe UI 9

Assessment: Segoe UI 9

Recommendation: Segoe UI 9

Thank you for including pharmacy in the care of your patient. If additional pharmacy services are required, please enter a new consult. Pharmacy will sign off.

Pharmacotherapy - Current medication list pulled from chart

Medication List

Ordered

budesonide 6 mg, PO, Daily

Hyperalmentation Soln(Neonatal) 100 mL: Titrate per TPN order

History - Problem list pulled from chart

Problems:

Pregnant (Since:05/16/2022) Active

Pregnant (Since:04/27/2022) Canceled/In Error

Headache (Since:02/11/1989) Resolved

Diabetes mellitus (Since:) Canceled/In Error

Diabetes mellitus (Since:) Canceled/In Error

Patient Visit Conducted? Yes No

If patient visit conducted, select assessment level.

Simple Assessment Level High Complexity Level 4

Low Complexity Level 2 Very Complex Level 5 99

Moderate Complexity Level

Morphine Milligram Equivalents Calculation

Convert from dose to MME			Convert to dose from MME		
From Drug, Route and Dose (mg) Equivalent to Morphine (oral) 30 mg To MME=30 mg per equivalent.	Enter the TOTAL mg in 24 HOURS	Calculated MME	MME (mg)	To Drug, Route and Dose (mg) Equivalent to Morphine (oral) 30 mg From MME=30 mg per equivalent.	Total dose /24 hours (not reduced)
<input type="radio"/> Morphine (Oral) 30 mg				<input type="radio"/> Morphine (Oral) 30 mg	
<input type="radio"/> Morphine (Parenteral) 10 mg				<input type="radio"/> Morphine (Parenteral) 10 mg	
<input type="radio"/> HYDROMORPHONE (Oral) 7.5 mg				<input type="radio"/> HYDROMORPHONE (Oral) 7.5 mg	
<input type="radio"/> HYDROMORPHONE (Parenteral) 1.5 mg				<input type="radio"/> HYDROMORPHONE (Parenteral) 1.5 mg	
<input type="radio"/> FentaNYL (Parenteral) 0.1 mg(100 mcg)				<input type="radio"/> FentaNYL (Parenteral) 0.1 mg(100 mcg)	
<input type="radio"/> oxyCODONE (Oral) 20 mg				<input type="radio"/> oxyCODONE (Oral) 20 mg	
<input type="radio"/> Codeine (Oral) 200 mg				<input type="radio"/> Codeine (Oral) 200 mg	
<input type="radio"/> Codeine (Parenteral) 130 mg				<input type="radio"/> Codeine (Parenteral) 130 mg	
<input type="radio"/> HYDROcodone (Oral) 30 mg				<input type="radio"/> HYDROcodone (Oral) 30 mg	
<input type="radio"/> Meperidine (Oral) 300 mg				<input type="radio"/> Meperidine (Oral) 300 mg	
<input type="radio"/> Meperidine (Parenteral) 100 mg				<input type="radio"/> Meperidine (Parenteral) 100 mg	
Total calculated MME in 24 hours			Total MME entered.		

Conversion to transdermal fentanyl can be done using the package labeling conversion chart or a ratio of 2:1 (where 2 mg morphine PO/day = 1 mcg/hr fentanyl transdermal).

(McPherson, M. Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing. Bethesda, MD: American Society of Health-System Pharmacists, 2010.)

"The recommended initial DURAGESIC® dose based upon the daily oral morphine dose is conservative, and 50% of patients are likely to require a dose increase after initial application of DURAGESIC®."

Duragesic® (package insert). Titusville, NJ: Janssen Pharmaceutical Products, 2003.

- The updated PowerForm will include the addition of documentation fields: **MME in past 24 hr**, **Discharge Planning**, **Opioid Tolerance**, **Bowel Regimen**, and **Pertinent Subjective / Objective**.

- Documentation fields that have been removed from the PowerForm: **Monitoring** – retains last charted information, and **Education** - retains last charted information.

STEP 1: Double-click **Pharmacy Consult - Pain Management** task.

STEP 2: The **Pharmacist Pain Consult** PowerForm will open to the **Pain Consult** tab.

STEP 3: Free-text documentation is entered in the **Pertinent Subjective / Objective, Assessment, and Recommendation** sections.

STEP 4: Click the **MME Calculation** tab to view the **Morphine Milligram Equivalents Calculation** section determine **Total calculated MME in 24 hours** and/or **Total MME entered** depending on consult requested.

STEP 5: After determining **Total calculated MME in 24 hours** and/or **Total MME entered**, click the **Pain Consult** tab to navigate back to the **Pharmacist Pain Consult** section. **Total calculated MME in 24 hours** should be documented in **MME in past 24 hour** field.

STEP 6: With this information, further options for documentation can be entered in the following sections: **Opioid Tolerance, Bowel Regimen, Time (minutes)** (to document time Pharmacist spent on consult), **Patient Visit Conducted?**, and **If patient visit conducted, select assessment level**.

NOTE: Sections: **MME in past 24 hr, Discharge Planning, and Opioid tolerance (second field)** all include important information for consult documentation. The second **Opioid Tolerance** field, has available reference information.

