

## Morphine Use for Musculoskeletal Trauma (Under Standing Orders)

The primary purpose of this CQI form is to help improve the documentation related to the standing orders for morphine administration.

For each of the following questions, please provide summary data for your system in the last month.

Agency Name: \_\_\_\_\_

Calendar month for data: \_\_\_\_\_

Total # of patient care reports reviewed: \_\_\_\_\_

**NOTE: A "Yes" answer below includes any chart that has the item documented or includes a narrative explanation for why documentation is not provided. A "No" answer includes charts where the item is not documented and not explained.**

	# YES	# NO
1. Vital Signs Documented before and after each administration of Morphine?		
2. Initial dose of Morphine 2mg?		
3. Repeat dose given at 2-6mg .		
4. Dose repeated in 5 minutes or longer? <i>(should not be repeated sooner than 5 minutes)</i>		
5. Pain assessment documented before and after each administration of Morphine?		
6. Medication allergies documented		

Criteria Met \_\_\_\_\_ Criteria Not Met \_\_\_\_\_

# of patients that required assisted ventilations after any administration? \_\_\_\_\_

# of patients that required Narcan administration? \_\_\_\_\_