1. Anti-nausea Medications
   - Identify cause
   - prochlorperazine (Compazine) PR 25 mg BID PRN
   - clorpromazine (Thorazine) PO 10-25 mg Q4-6 hrs PRN PR 25 – 50 mg Q 4 – 6 hrs PRN
   - metoclopramide (Reglan) If N/V > 48 hrs 10 mg PO QID

2. Initiate Bowel Regimen
   - Maintain soft BM q 2 – 3 days
   - docusate/senna (Senokot – S) 1 – 3 tabs PO BID
   - If no BM in 3 days sorbitol 15-30 ml PO Q 3 hrs x 3
   - If unable to take PO bisacodyl supp 1 PR PRN may repeat in 6 hrs. if no result

3. Initiate Sedation Grading
   - 4 = Somnolent, minimal or no response to physical stimulation
   - 3 = Frequently drowsy, easily arousable, drifts off to sleep during conversation
   - 2 = Slightly drowsy
   - 1 = Awake & alert
   - S = Sleep

   Level 3 – Consider decreasing opioid

4. Initiate Secondary Side Effect Management
   - Anxiety: lorazepam (Ativan) .5 – 1 mg PO/SOL Q4 hrs. PRN haloperidol (Haldol) .5 – 1 mg PO/SOL Q6 hrs. PRN chlorpromazine (Thorazine) 10mg (PO) Q4-6hrs. PRN chlorpromazine (Thorazine) 25-50mg (PR) Q 4-6 hrs. PRN
   - Pruritis: Identify cause, if possible diphenhydramine hydrochloride (Benadryl) 25 – 50 mg PO QID hydroxyzine hydrochloride (Atarax) 25 mg PO TID
   - Urinary Retention: Straight Cath if>200 leave catheter in oxybutynin (Ditropan) 5 mg PO BID for 48 hrs.
   - GI Distress: Identify cause of GI distress
     Assess use of NSAIDS and steroids
     Intervention:
     misoprostol (Cytotec) 100 – 200 mcg PO TID with food
     omeprazole (Prilosec) 20 mg PO BID ranitidine (Zantac) 150 mg PO BID
cimetidine (Tagamet) 400 – 800 mg PO BID
     If no relief consider Antacid over the counter or carafate 1 mg PO AC & MS up to QID
     If there is no relief Physician – Nurse Consultation
   - Confusion/Hallucination: Assess or identify cause of confusin/hallucination
     Consider decreasing medications or changing medications lorazepam (Ativan) .5 – 1 mg PO/SOL Q4 hrs. PRN haloperidol (Haldol) .5 – 1 mg PO/SOL Q6 hrs. PRN