Facing up to the challenge of range orders

By Patricia Kelly Rosier, MS, RN, ACNS-BC

RANGE ORDERS ARE DEFINED as medication orders in which the selected dose varies over a prescribed range according to the patient's situation and status. Using range orders for analgesia is still a hot topic despite the publication of a consensus statement by the American Society of Pain Management Nurses (ASPMN) and the American Pain Society in 2004. According to this statement, an RN “who is competent in pain assessment and analgesic administration can safely interpret and implement properly written ‘as needed’ or p.r.n. range orders for analgesic administration.” But when discussing range orders today, many still can't agree about the distinction between prescribing and using nursing judgment. This article discusses how nurses can use range orders safely and effectively.

Pros and cons

The Joint Commission (TJC) approves the use of range orders, provided appropriate policies and procedures are in place and nurses are educated in their implementation. The TJC standard that applies in this situation is MM.04.01.01: “Medication orders are clear and accurate.” Nevertheless, questions continue to arise during TJC surveys, such as, “Does this order provide enough direction to the nurse administering the analgesic?” Hospital staff members have questions as policies and procedures are developed and implemented; for example, “How specific must the order be?” In response to queries from hospitals, some state boards of nursing stated that when range orders were used, nurses were going beyond the scope of their license and were actually prescribing. Nurses have long believed that using range orders gives them flexibility to meet the individualized needs of patients experiencing pain. Nurses at the bedside are in the best position to assess the patient and use their professional judgment about the appropriate analgesic option. Nurses then reassess the interventions they’ve provided and evaluate the effectiveness of the analgesic plan of care, using the nursing process.

Variations in how patients metabolize medications result in differing responses to analgesics, even among individual patients with the same type of pain. This is another factor that supports the use of range orders, which can provide an individualized approach.

Rules of the range

Each institution should develop its own guidelines or policies for the use of range orders. Considerations for writing and interpreting range orders are detailed in the ASPMN consensus statement. Pasero states that a reasonable maximum dose is at least twice the minimum dose in the range (for example, 2 to 4 mg), but generally no more than four times the smallest dose (for example, 2 to 8 mg). The challenge is to have orders that provide clear and accurate guidance while allowing flexibility to meet the patient's changing needs.

When selecting dosages for individual patients, prescribers should take into account such factors as age, weight, and whether the patient is opioid naive or tolerant. According to TJC, range of dose orders should be based on specific objective dosing parameters such as pain level or BP or temperature. After administering the drug, nurses should provide feedback on the effectiveness of the analgesic plan, allowing for adjustments as needed.
nurses should document the indication for which it was administered.

**Assessment points**

Nurses need to be able to articulate the policy and rationale for the treatment they provide. This process starts with a thorough pain assessment, which includes use of a pain intensity rating scale as well as a dialog with the patient. If a nurse focuses too much on the pain intensity rating score, he or she may not fully assess the patient’s pain and, as a result, fail to appropriately treat the type of discomfort the patient is experiencing. For example, a patient who reports orthopedic pain may actually be experiencing discomfort from muscle spasms that would be better managed with a muscle relaxant than with additional opioids.

Assessment and subsequent dosing of analgesia requires extra care when the patient can’t communicate pain verbally. Nurses may need to use alternative assessment methods. The ASPMN has developed guidelines for assessing patients who can’t communicate pain. Nurses can access this guideline at http://www.aspmn.org/organization/position_papers.htm.

When following a range order, consider these factors when determining which dose to administer:
- current opioid use or tolerance
- previous response to opioid analgesics
- age
- organ function
- comorbidities
- severity of pain
- coadministration of sedating medications
- adverse reactions

Remember that pain severity isn’t the only factor to consider when deciding on the dose. Also take into account such factors as the patient’s anticipated activity. For example, the patient may need a higher dose before a dressing change or physical therapy. Because pain is a subjective, individualized experience, nurses must also ask the patient, “What’s working to relieve your pain?”

The ASPMN consensus statement emphasizes the large differences in how different patients respond to the same dose of an analgesic and in how the same patient may respond to the same dose at different times. As a rule, the recommendation is to start low and titrate gradually. However, patients with severe pain, such as pain from major trauma or surgery, may need to start on a larger dose that’s titrated upward more quickly to achieve pain control. In these situations that occur in the ED or postanesthesia care unit, the prescriber is present or immediately available. It’s important for the prescriber to be present to respond to unanticipated reactions or adverse reactions and to provide guidance to the nurse as needed.

Accurate assessment and documentation of the intervention’s effectiveness provide guidance for subsequent doses.

**Educating nurses**

Nursing education and competency are essential to successful implementation of the range order policy, patient safety, and quality analgesia. To be safe and effective, range order policies and procedures must be understood and followed by the nurses administering the analgesia.

TJC surveys may ask, “Would all nurses interpret the order the same way?” Gordon’s study indicated wide variability in how nurses interpret range orders, creating the potential for unsafe or ineffective treatment. Personal biases and beliefs may influence the interpretation and implementation of analgesic orders. When staff discuss analgesic use, many make statements such as, “I always give my patients X,” or “You should never administer meds that way.” Such rigid beliefs prevent nurses from assessing each patient’s individual pain experience, undermining the patient’s plan of care.

Using scenarios with actual medication orders encountered in their setting is a good way to educate nurses and document their competency in the use of p.r.n. range orders and multiple analgesics.

Individualized assessment and treatment of each patient is essential. Nurses need to follow clear guidelines to manage patients’ pain safely and effectively.

**REFERENCES**


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