บันทึกการใช้ยามอร์ฟีน(ชื่อ-สกุล).....วิธีการใช้ยา ☐ มอร์ฟีนเม็ด (10 มิลลิกรัม กิน.....)

มอร์ฟีนน้ำ(1 ช้อนชา กินเวลาปวด ทุก ..... ชั่วโมง) ☐

อื่น ☐.....

ขนาดของยามอร์ฟีนที่ใช้ต่อวัน.....เพื่อปรับขนาดยาที่เหมาะสม.....

| วันที่/เวลา | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | อาการข้างเคียงที่พบบ่อย | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | คลื่นไส้ | อาเจียน | ท้องผูก | ง่วง | ปากแห้ง | อื่นๆ |
| 7.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

จัดทำโดยฝ่ายเภสัชโรงพยาบาลควนเนียง

แก้ไข 27/4/61