HEALTHCARE

ADULT EPIDURAL OPIATE /LOCAL ANESTHETIC ORDER SHEET PAGE 1 of 2

1. Fill in date and time at bottom of order set
2. Enter prescribed dose & interval ft each drug.
3. Sign order including pager #

☐ NKA-NO KNOWN ALLERGIES **DRUG ALLERGIES ARE TO BE COMPLETED BY THE PRACTITIONER ONLY**
☐SPECIFY DRUG(S) AND REACTION(S):_____

Diagnosis:_____ Height:_____cm, Weight:_____kg

☐Pregnant ☐Lactating ☐ Cardiac ☐ Renal ☐ Diabetes ☐ Hepatic

1.Epidural Infusions: ☐Thoracic ☐Lumbar ☐Continuous Only ☐ Patient Controlled plus Continuous
Continuing therapy requires renewal order written every 48 hours

2. Test dose administered by Anesthesiologist or CRNA (Initial _____)

3. Discontinue all previous orders for opioids, benzodiazepines, barbiturates, and other CNS depressants. An Anesthesiologist order is required for any of the above medications administered concomitantly with epidural infusions.

4. Notify Anesthesiologist before anti-coagulation therapy is initiated according to policy.(see reverse). Prior to administration, any deviation requires an order from the anesthesiologist or designee to identify the indication.

5. Medications for epidural pump: select one or combination by prescriber initial

New order
Change
Renewal

____ Morphine PF 0.05 mg/mL
____ Fentanyl PF 2 mcg/ mL
____ Fentanyl PF 5 mcg/mL
____ Fentanyl PF 10 mcg/mL

____ Bupivacaine PF 0.625 mg/mL (0.0625%)
____ Bupivacaine PF 1 mg/mL (0.1%)

6. ADULT Prescription for epidural pump:

DOSE: _____ mL BASAL _____mL/hour

DELAY: _____min ONE HOUR LIMIT _____ mL

7. Monitor respiratory rate and sedation level every 15 minutes for 1 hour, every 1 hour for 6 hours, every 2 hours for 17 hours, then every 4 hours.

8. If local anesthetic is infusing, monitor leg weakness and numbness every 2 hours, for the first 24 hours, and then every 4 hours.

9. Prior to ambulation, if patient is receiving a local anesthetic **obtain orthostatic blood pressure, and assess for leg weakness and numbness.**

10. Following a physician administered bolus of local anesthetic monitor blood pressure every 30 minutes for 2 hour, every 1 hour for 2 hours, then every 4 hours.

11. Oxygen Therapy as follows while epidural in place: Oxygen_____percent; _____L/min; circle: nasal cannula, face mask, endotracheal tube

PRESCRIBER'S SIGNATURE Pager# DATE/TIME

SECRETARY/TIME RN/TIME

White – Chart Copy Yellow – Pharmacy **PILOT**

884561022-----1of 2

H:/PainManagement/ADULT IV PCA ORDER SET 4/02. revised 8/02. revised 10/17/02. revised 1/10/03

HEALTHCARE

ADULT EPIDURAL OPIATE /LOCAL ANESTHETIC ORDER SHEET PAGE 2 of 2

1. Fill in date and time at bottom of order set
2. Enter prescribed dose & interval for each drug.
3. Sign order including pager #

Other: Adjuvants and Management of Side Effects (orders D/C 24 h post epidural D/C)						
DRUG	PRESCRIBED DOSE	PRESCRIBED INTERVAL	ROUTE	USUAL DOSE	USUAL INTERVAL	ORDERED INTERVAL/ REMARKS
12. Antiemetic						
Metoclopramide	_____mg	X 1, may repeat X1 in 30 minutes	IVPush	10 mg	Q 6 h	For Abdominal cases consider abdominal assessment, NG, or call MD. If no response (nausea/ emesis) after two doses consider dolasetron
Metoclopramide	_____ mg	Q ____h PRN	IVPush	10 mg	Q 6 h	If effective continue PRN dosing for nausea/emesis
Dolasetron	_____ mg	X1, may repeat X1 in 30 minutes	IVPush	12.5 mg	Q 8 h	For Abdominal cases consider abdominal assessment NG, or call MD. If no response (nausea/ emesis) after two doses call ordering physician.
Dolasetron	_____ mg	Q ____ h PRN	IVPush	12.5 mg	Q 8 h	If effective continue PRN dosing for nausea/ emesis. If no response after metoclopramide and dolasetron call ordering physician
13. Antipruritic						
Diphenhydramine Antipruritic/ antihistamine	_____ mg	May repeat X1 in 30 minutes then Q ____ h PRN	IVPush	25 - 50 mg	Q 6 h	If effective continue scheduled/PRN dosing. If inadequate response after initial two doses, repeat dose in 1 hour, reassess in 30 – 60 minutes, if inadequate response call ordering physician.
14. Opiate Antagonist						
Naloxone	_____mg	May repeat doses every 2 or 3 minutes	IVPush	02mg	as needed for side effect management	See # 16 below

15. STOP INFUSION and call Pain Service for RESPIRATORY RATE less than 10, EXCESSIVE SEDATION, INABILITY TO LIFT LEG OFF BED, CONFUSION AND/OR SIGNS OR SYMPTOMS OF LOCAL ANESTHETIC TOXICITY (circumoral tingling, tinnitus, blurred vision, vertigo, convulsions or numbness.

16. If patient unarousable give naloxone 0.1 to 0.2 mg IV PUSH while awaiting physician; may repeat as needed for effect. Begin oxygen at 2L/min and place patient on pulse oximetry.

17. Call Pain Service for: unrelieved nausea, vomiting, itching or pain

18. All injections, boluses and dressing changes of the epidural catheter to be done by Pain Service.

19. If primary IV discontinued, maintain saline lock according to protocol.

20. When epidural infusion is discontinued, all adjuvant medications will be discontinued within 24 hours.

OTHER:

DRUG	DOSE	INTERVAL	ROUTE	INDICATION/REMARKS

PRESCRIBER'S SIGNATURE: Pager # DATE/TIME:

SECRETARY/TIME: RN/TIME: