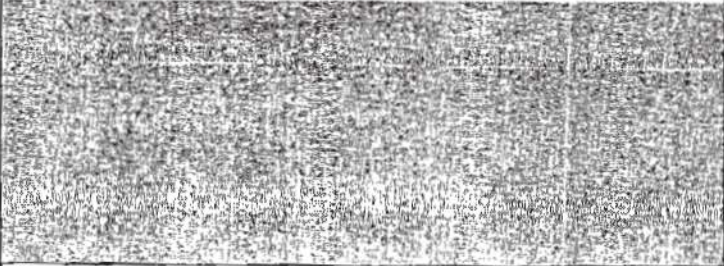


## PROVIDER ORDERS ADULT EPIDURAL Page 1 of 2

PLEASE DATE, TIME AND SIGN ALL ORDERS. INCLUDE BEEPER AND PAS NUMBER WITH SIGNATURE. FLAG ORDERS FOR STAT OR ROUTINE

Bar Coded Patient Label

ALLERGIES <input type="checkbox"/> New Order <input type="checkbox"/> Renewal Order		NUMBER EACH ORDER. INDICATE ROUTE OF ADMINISTRATION AND DO NOT ABBREVIATE DRUG NAME.	
Date & Time (24 Hour)	ORDERS (OTHER THAN MEDICATIONS)	NOTED BY (INITIALS)	MEDICATION ORDERS (EXCEPT ANTIBIOTICS)
1. Starting in Pacu, monitor and record: BP, Pulse, Respirations, Pulse Ox q 1 hr x 4, q 2 hr x 8, then q 4 hr until Epidural pump discontinued. ****Any increase in basal rate or administration of a bolus dose must return to most frequent monitoring schedule ****			R. DISCONTINUE ALL OTHER NARCOTICS NO NARCOTICS, SEDATIVES, OR OTHER CNS DEPRESSANTS TO BE GIVEN EXCEPT BY ORDER OF ANESTHESIOLOGIST OR ANESTHESIA PAIN CONSULTANT.  <input type="checkbox"/> Fentanyl 5 mcg/cc + Bupivacaine (Marcaine) (0.125%) by PCA pump via epidural catheter. Total vol = 250 cc in normal Saline. BASAL RATE ___ cc/hr; Maximum Rate ___ cc/hr <input type="checkbox"/> Titration instructions: If no pain decrease rate to ___ cc/hr. If pain > 4, increase rate to ___ cc/hr. Nursing Double check ___ / ___
2. Notify Anesthesia for the following: Resp. Rate < 10 SPO2 < 90% Sedation Level > 4 Dermatome Level T6 or above Pain Score > 5 Changes in epidural cath site or catheter breakage.			EMERGENCY RESPONSE Naloxone (Narcan) 0.1 mg IV STAT - repeat q 2 min. x 4 doses for respiratory rate less than 8, patient unarousable or obtunded
3. Emergency Response: If respiratory rate less than 8 or patient is obtunded/unarousable/LOS > 4: Stop Epidural Give Narcan per order Stat page Resp. Therapy Stat page Anesthesia overhead page Administer 100% O2 by non-rebreather face mask. Notify appropriate House Officer			ANTI-EMETICS Scheduled <input type="checkbox"/> Metoclopramide (Reglan) 10 mg IV q 6 hr As Needed <input type="checkbox"/> Droperidol (Inapsine) 0.625 mg IV q 4 hr prn Nausea/vomiting ** Do Not order Droperidol if QTc > 440 msec for adult males QTc > 450 msec for adult females - patients must undergo 12 lead ECG prior to ordering to determine if prolonged QT interval is present. Normal Adult Value = <0.425 sec. <input type="checkbox"/> Ondansetron (Zofran) 4 mg q 6 hr IVPB prn nausea <input type="checkbox"/> Promethazine (Phenergan) 5 mg IV (May repeat in 10 min.) q 4 hr prn nausea
4. General: O2 setup at bedside O2 ___ L/min via nasal cannula Foley Catheter to remain for duration of Epidural Maintain IV Access			OPIOID-INDUCED ITCHING <input type="checkbox"/> Diphenhydramine (Benedryl) 25-50 mg IV/PO q 6 hr prn <input type="checkbox"/> Naloxone (Narcan) 1 mg/Liter of maintenance fluid to run at the current IV fluid rate (range - 80-100 ml/hr) for severe itching that is not responsive to diphenhydramine.
			CONSTIPATION <input type="checkbox"/> Senna (Senokot) 2 tabs PO bid <input type="checkbox"/> Docusate Sodium (Colace) 100 mg. PO bid <input type="checkbox"/> Lactulose 30 cc PO x 1 if no BM by 6 p.m. tomorrow <input type="checkbox"/> Bisacodyl (Dulcolax) Suppository 1 per rectum if no BM by tomorrow and prn <input type="checkbox"/> Fleets enema x1 per rectum if no BM
PROVIDER SIGNATURE _____ DATE _____ TIME _____ PAS or beeper # _____		DATE _____ TIME (24hrs) _____ PROVIDER _____ BEEPER & PAS # _____	FAX DATE _____ FAX TIME (24 hrs) _____ NURSE'S SIGNATURE _____ CLOCK NO. _____

**PROVIDER ORDERS  
ADULT EPIDURAL  
Page 2 of 2**



704-014-006

PLEASE DATE, TIME AND SIGN ALL ORDERS. INCLUDE BEEPER AND PAS NUMBER WITH SIGNATURE. FLAG ORDERS FOR STAT OR ROUTINE

Bar Coded Patient Label

ALLERGIES  WEIGHT  Date & Time (24 Hour)			ORDERS (OTHER THAN MEDICATIONS)	NOTED BY (INITIALS)	NUMBER EACH ORDER. INDICATE ROUTE OF ADMINISTRATION AND DO NOT ABBREVIATE DRUG NAME.			
					MEDICATION ORDERS (EXCEPT ANTIBIOTICS)			
					R.			
					ADDITIONAL ANALGESICS			
					<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg PO q 4 hr prn Mild pain or Temp. > 38.5° C			
					<input type="checkbox"/> Acetaminophen (Tylenol) 650 mg q 4 hr for adjunctive pain therapy while on PCA			
					<input type="checkbox"/> Ibuprofen* (Motrin) 400 mg PO q 6 hr prn (with food)			
					<input type="checkbox"/> Rofecoxib* (Vioxx) 12.5 mg PO qd			
					<input type="checkbox"/> Ketorolac* (Toradol) 30 mg IV q 6 hr prn x 3 days			
					*Must be approved by surgeon for orthopedic or neurosurgery patient*			
					MUSCLE RELAXANTS			
					<input type="checkbox"/> Diazepam 2.5 - 5 mg IV or PO q8 hrs prn			
					WHEN EPIDURAL DISCONTINUED - Analgesics			
					<input type="checkbox"/> Oxycodone 5 mg and Acetaminophen 325 mg (Percocet) 1 - 2 tabs PO q 4 hr prn (maximum of 12 tabs in 24 hr period)			
					<input type="checkbox"/> Morphine 1 - 4 mg IV q 2 hr prn May repeat in 10 minutes prn x 2.			
					DATE	TIME (24hrs)	PROVIDER	BEEPER & PAS #
					FAX DATE	FAX TIME (24 hrs)	NURSE'S SIGNATURE	CLOCK NO.
Provider signature _____		Date _____	Time _____	PAS or beeper # _____				