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INITIAL APS ORDERS

Epidural & Intrathecal
Pain Management

DATE: _____ TIME: _____ (Military Time)

PATIENT IDENTIFICATION

ALLERGIES:

ROUTINE ORDERS

1. **No PO, IM, or IV narcotics or sedatives** to be given to the patient unless ordered by a member of the APS.
2. Have an **APS drug pack** immediately available on the unit.
3. **Administer oxygen 2 L/min** via nasal cannula during APS management and following discontinuation of APS pain management PRN (as needed).
4. Monitoring per protocol.

MEDICATION (Narcotic Orders must be rewritten every 72 hours)

Maintain the following continuous infusion via the EPIDURAL catheter:

- (1) Levo-bupivacaine (Chirocaine) 0.125% (1/8th) + Dilaudid 20 mcg/ml at _____ ml/hr
- (2) Levo-bupivacaine (Chirocaine) 0.1% (1/10th) + Dilaudid 20 mcg/ml at _____ ml/hr
- (3) Levo-bupivacaine (Chirocaine) 0.0625% (1/16th) + Dilaudid 20 mcg/ml at _____ ml/hr
- (4) Levo-bupivacaine (Chirocaine) 0.125% (1/8th) at _____ ml/hr
- (5) Ropivacaine (Naropin) 0.2% (1/5th) + Dilaudid 20 mcg/ml at _____ ml/hr
- (6) Ropivacaine (Naropin) 0.1% (1/10th)+ Dilaudid 20 mcg/ml at _____ ml/hr
- (7) Ropivacaine (Naropin) 0.2% (1/5th) _____ ml/hr
- (8) Other _____

TREATMENT OF BREAKTHROUGH PAIN:

For pain score of greater than 4 while at rest, increase infusion rate at _____ ml per _____ as needed, not to exceed _____ ml / hr.

TREATMENT OF SIDE EFFECTS

1. If the patient has a **sedation score of 3-5 or a RR (respiratory rate) less than or equal to 10**, do the following:
 - Give Narcan 0.1 mg IV push every 2 min until sedation score is 1-2 and RR greater than 10; Notify APS.
2. **Treatment of Pruritis:**
 - Give Narcan 0.1 mg IV push every 30 min prn x 4 doses. If pruritis returns, may give Revex 10 mcg IVP every 2-5 min (may repeat 5x).
3. **Treatment of Nausea & Vomiting:**
 - Administer metoclopramide Hcl 10 mg slow IV push; if effective, repeat every 6 hrs prn nausea and / or vomiting.
 - If metoclopramide not effective within 30 min, give ondansetron 2 mg slow IV push (may repeat 1x in 10 min if first dose not effective).
4. **Urinary Retention:**
 - ❖ Notify private attending and APS.
5. **HR and BP:**
 - ❖ If patient has **orthostatic hypotension**, (decrease in systolic BP less than 20% and / or increase in HR greater than 20 bpm from baseline), stop infusion; notify APS.
 - ❖ For **decrease in HR greater than 20%** from baseline; notify APS.
6. For **sensory level** above T8 (lower ribs), numbness or tingling in fingers, or if sensory level has not changed for greater than 4 hrs, stop the infusion; notify APS.
7. For **motor function** of 0-2 (having difficulty or unable to move toes and / or bend knees), stop infusion; notify APS.
8. If signs or symptoms of local anesthetic toxicity, stop the infusion; notify APS.

WHEN ANESTHESIA ASSISTANCE IS NEEDED STAT:

1. Call STAT (202) 555 - 1212
2. Overhead Page Anesthesia STAT
3. Call the Operating Room to request Anesthesia assistance

QUESTIONS ?

Call Anesthesia Pain Service (202) 369-7580

TIME NOTED Nurse's Signature _____ Doctor _____, M.D.