Your Hospital's Logo Here

PHYSICIAN'S ORDER SHEET

ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT
AFTER EACH ORDER IS PROPERLY CHECKED, FAX ORDER SHEET
TO PHARMACY WHETHER OR NOT ORDERS INVOLVE MEDICATION.

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	Allergy			
PATIENT IDENTIFICATION			DATE:	TIME:	(Military Time)	
			1. <u>NO</u> PO, IM	or IV narcotics or sedatives continuous infusio	n of epidural narcotics	
			or 24 hours	or 24 hours after bolus dose without first notifying Anesthesia.		
			2. BOLUS DO	SE preservative-free morphine:		
			Duramorpl	h mg given at	(time)	
			3. CONTINUO	OUS INFUSION preservative-free morphine:		
			Duramorph	10 mg in 250ml NS (.04/mg): Infuse at	ml / hour	
		_	4. PRN ORDE	ERS: Must be renewed after 72 hours or discor	S: Must be renewed after 72 hours or discontinued when infusion	
			stopped or	opped or 24 hours after BOLUS DOSE.		
			TOR	ADOL - 60 mg IM every 6 hours PRN pain		
			BEN	ENADRYL - 25 mg IV in 50 ml NS every 6 hours PRN itching		
			PHEI	NERGEN - 12.5 mg IV in 50 ml NS every 6 hours PRN nausea		
			NAR	NARCAN - 0.4 mg IV push, if Oxygen Saturation < 90% -or- RR < 8		
			5. During CO	CONTINUOUS EPIDURAL INFUSION & 24 hrs after last BOLUS DOSE:		
			A. Main	faintain IV access (Heparin Lock or IV)		
			B. Admi	B. Administer oxygen at 2 liters / minute via nasal cannula.		
			C. Monit	C. Monitor continuously with pulse oximeter. Set alarms for O2 Sat < 95%		
			6. Monitor vita	al signs during CONTINUOUS INFUSION as follows:		
PAT			A. BP &	HR every 4 hours. B. RR ever	y hour.	
_			7. Monitor vita	al signs after each BOLUS DOSE (even if epidural catheter removed) as follows		
			A. BP, I	R & RR every 15 minutes x 1 hour		
			B. BP &	HR every 4 hours; RR every 1 hour x 24 hours		
			8. Place epidu	ral analgesia sign above patient's head in a visible location.		
			9. Nothing is t	be injected via epidural catheter except by a member of the Anesthesia Dept.		
			10. Page Anes	Page Anesthesia STAT (Pager 36-614) if:		
			A. Resp	spiratory Rate < 12 breaths / minute -or- O2 Saturation < 95%		
			B. Chan	ige in level of consciousness (ie, excessive se	dation, lethargy, sleepiness)	
			11. Notify Ane	Notify Anesthesia (Pager 36-614) if:		
			A. Patie	nt complains about incision pain		
			B. Disco	onnection of epidural catheter cap or hub		
			C. When	n patient is taking anything by mouth		
AXED BY/TIME:	TIME NOTED:		Doctor's Signati	ure	,MD Date	
			Nurse's Signature / Title		 Date	

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

Military Time > >