Your Hospital's Logo Here

ANESTHESIA 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	RECOVERY ROOM Anesthesia Order Sheet			
		ALLERGIES:			
		DATE:	TIME:	(Military Time)	
		PAIN MEDICATIONS:			
		1. Dilaudid 0.25 - 0.5 mg IV up to 4 mg PRN for pain, titrate if patient's respirations are 10 or greater per min			
		2. Fentanyl	25 - 50 microgram IV for pain to comfort, if patient's respirati greater		
		3. Morphine Sulfate	2 - 4 mg IV for pain every 3 - 5 titrate to comfort, if patient's re or greater		
		4. Toradol	☐ 30 mg IV for pain		
		5. Tylox	1 - 2 capsules p.o. for pain		
:		6. Oxy IR	5 - 10 mg p.o. for pain		
<u> </u>			may repeat X1		
		7. Tylenol #3	1 - 2 tabs p.o. for pain		
:		8. Tylenol	☐ 650 mg PRN for pain; headach	ne	
		ANTI-EMETIC MEDICATIONS:			
i		1. Zofran	4 mg IV PRN for nausea		
			may repeat X1		
		2. Droperidol	☐ 0.625 mg IV PRN for nausea		
			☐ may repeat X1		
		3. Decadron	8 - 10 mg IV PRN for nausea		
		4. Reglan	10 mg / 100 NS over 30 minute	es for nausea x 1	
		ANTI-PRURITIC MEDICATION:			
		1. Benadryl	25 - 50 mg IV PRN for itching		
		OTHER:			
	1				
TIME NOTE	D:			:	
				,MD Date	
		Nurse's Signature / Title		Date	

USE BALL POINT PEN ONLY - PRESS FIRMLY

PART OF THE MEDICAL RECORD

Military Time > >