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**AUTOMATIC STOP ORDERS**

ORAL ANTICOAGULANTS -- AFTER 24 HOURS  
 INJECTABLE ANTICOAGULANTS > AFTER 5 DAYS  
 OXYTOCICS  
 CONTROLLED SUBSTANCES > AFTER 5 DAYS  
 (ie, Schedule II, III, IV, V)  
 CORTISONE PRODUCTS -- AFTER 5 DAYS

ADDRESSOGRAPH

MD Date of Order    Hour of Order    Nurse's Signature    NURSE: PLEASE "X" IN COLUMN ON LINE, FOR MEDICATIONS REQUIRED FROM PHARMACY PHYSICIAN MUST ENTER DATE, HOUR, AND SIGN EACH SET OF ORDERS

Pediatrics/Neonates: Weight (Kg) \_\_\_\_\_ Gestational Age (Premature Infants Only) \_\_\_\_\_  
 Postmenstrual Age (Premature Infants Only) \_\_\_\_\_

ALLERGIES:

**SPINAL / EPIDURAL ANALGESIA**

1. DRUG (Check one):
  - Fentanyl 2500 unit grams in 250 ml Preservative Free NS
  - Bupivacaine 0.0625% + Fentanyl unit grams/ml in 250 ml Preservative Free NS
  - Bupivacaine 0.125% + Fentanyl 10 unit grams/ml in 250 ml Preservative Free NS
  - Bupivacaine 0.031% + Dilaudid 10 unit grams/ml in 250 ml Preservative Free NS
  - DuraMorph - Spinal / Epidural (circle one)    dose \_\_\_\_\_
  - Other: \_\_\_\_\_
2. Infusion rate: \_\_\_\_\_ ml / hour. Demand dose \_\_\_\_\_ ml every \_\_\_\_\_ min.
3. No systemic narcotic or sedative may be given without a written order from the Anesthesia Acute Pain Service (AAPS Beeper #5996).
4. Naloxone 0.4 mg ampule to be kept at bedside at all times.
5. Compazine 10 mg IM every 8 hours prn N/V x 2 doses.
6. Zofran 4 mg IVSS every 8 hours prn N/V not relieved by Compazine.
7. Benadryl 25 mg IVP every 4 hours prn pruritis.
8. VITALS: BP, Sedation Scale, Pain Score, Neurologic Assessment every 4 hours;  
 Respiratory Rate every 1 hour x \_\_\_\_\_ hours.  
 SEDATION    1 = Anxious & agitated, and/or restless  
 SCALE:        2 = Cooperative, oriented, tranquil  
                   3 = Only responsive to commands  
                   4-6 = Asleep, responsive to stimulus: (4=brisk),(5=sluggish),(6=not at all)
9. Stop infusion and notify AAPS (Beeper #5996) immediately for:
  - a) BP less than \_\_\_\_\_.
  - b) RR less than 10 / min. For RR less than 8 / min, administer Nalozone 0.4mg IV STAT.
  - c) Sedation Scale 3 - 6.
  - d) Change in neurological status.
10. Notify AAPS of drainage from catheter site.
11. Notify AAPS of severe pruritus or urinary retention.
12. No low molecular weight heparins (ie, fragmin, lovenox, etc.), systemic heparin or coumadin with catheter in place.

DO NOT WRITE IN THIS AREA

THIS SPACE IS FOR PHARMACY

ANESTHESIOLOGIST's Signature \_\_\_\_\_, MD Date \_\_\_\_\_

NURSE's Signature \_\_\_\_\_, Title \_\_\_\_\_

PLEASE DO NOT RETURN CHARTS WITH NEW ORDERS TO RACK-FLAG CHART

**UNIVERSITY MEDICAL CENTER**

PHYSICIANS ORDERS and TREATMENTS