AUTOMATIC STOP ORDERS

ORAL ANTICOAGULANTS—

AFTER 24 HOURS

ALBUMIN-

AFTER 24 HOURS

LARGE VOLUME INTRAVENOUS—

AFTER 24 HOURS

INJECTABLE ANTICOAGULANTS (SC)—

AFTER 5 DAYS

CONTROLLED SUBSTANCES—

AFTER 5 DAYS

CORTISONE PRODUCTS—

AFTER 5 DAYS

MD Ho Date of O	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.
Order Ord	ler s	V	Pediatrics/Neonates: Weight (Kg) Gestational Age (Premature Infants Only)
			Postmenstrual Age (Premature Infants Only)
			ALLERGIES:
			PATIENT CONTROLLED ANALGESIA
		1.	Drug (Circle one): Morphine Sulfate 1 mg/ml; Demerol 10 mg/ml;
		· ·	Dilaudid mg/ml; Other:
		2.	Loading dose: mg. given at (time)
		3.	PCA dose: mg.
		4.	Lockout interval: minutes.
		5.	Number of doses per hour:
		6.	After 1 hr., increase PCA dose by mg q1h prn inadequate analgesia.
			Maximum PCA dose: mg.
		7.	Basal Rate: mg/hr.
		8.	Any IVSS medication compatible with the designated PCA medication may be
			piggybacked to the PCA line.
		9.	No narcotic or sedative may be given without a written order from the
			Anesthesiology Acute Pain Service (AAPS-beeper 5996).
		10.	Compazine 10 mg IM q8h prn N/V X 2 doses.
		11.	Zofran 4 mg IVSS q8h prn N/V not relieved by Compazine.
		12.	Benadryl 25 mg IVP q4h prn pruritis.
		13.	Vitals: BP, Sedation Scale, Pain Score q4 h; Respiratory rate q1h.
			Sedation Scale: 1 = Anxious & agitated, and/or restless
			2 = Cooperative, oriented, tranquil
			3 = Only responsive to commands
			4-6 = Asleep, response to stimulus; (4) brisk, (5) sluggish, or (6) not at a
		14.	Stop PCA and notify AAPS (beeper 5996) immediately for:
			a) BP <
			b) RR < 10 / min. For RR < 8 / min. administer Naloxone 0.4 mg IV STAT.
	,		c) Sedation Scale 3 - 6.
to the state of th			d) Severe pruritis or urinary retention
			Signed:ANESTHESIOLOGIST

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

THIS SPACE IS FOR PHARMACY

DO NOT WRITE IN THIS AREA