



STAT/NOW

DATE	TIME	

INPATIENTS ONLY:

Fentanyl _____ mcg IV for pain rated 4-10/10. If pain rating remains 4-10, may repeat dose every every 5 minutes _____ times.

THEN, If pain continues:

Morphine sulfate _____ mg IV for pain rated 4-10/10. If pain rating remains 4-10, may repeat dose every 10 minutes _____ times.

OUTPATIENTS ONLY:

Fentanyl _____ mcg IV for pain rated 4-10/10. If pain rating remains 4-10, may repeat dose every every 5 minutes _____ times.

THEN, Prior to discharge:

Oxycodone and Acetaminophen (Percocet) 5-325mg (Percocet) 1 tab PO for pain rated less than or equal to 4-10 **OR** 2 tabs for pain rated 5-10/10 x 1

Acetaminophen and Codeine Phosphate (Tylenol #3) 1 tab PO for pain rated less than or equal to 4/10 **OR** 2 tabs for pain rated 5-10/10 x 1

ANTIEMETICS:

Ondansetron Hydrochloride (Zofran) 4 mg IV x1. **If unrelieved after _____ min, then administer:**

Metoclopramide hydrochloride (Reglan) 10 mg IV x1. **If unrelieved after _____ min, then administer:**

Dexamethasone 4 mg IV x1. **OR** Dexamethasone 8 mg IV x1. **If unrelieved after _____ min, then administer:**

Prochlorperazine (Compazine) 5 mg IV x1. May repeat x1.

ADDITIONAL ORDERS:

Fingertstick blood sugar

• Discharge to: Nursing Unit _____ ICU Home

_____ NURSE SIGNATURE Date: _____ Time: _____	Pharmacy Scan Time: _____	Name Stamp Signature STAMP/PHYSICIAN SIGNATURE/BEEPER# <small>Date/Time Required for countersignature on telephone/verbal orders</small> Date: _____ Time: _____
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Patient Label

**PHYSICIAN ORDERS
POST-OPERATIVE
ANESTHESIA PACU ORDERS**