

PACU ANESTHESIA Provider's Order Sheet

01	MEDICATION RECONCILIATION	PACU Nurse has reviewed with ANESTHESIA Provider:	<input type="checkbox"/> Patient's current medication list <input type="checkbox"/> Medications taken by Patient on day of surgery
02	PAIN MANAGEMENT	For initial Pain Score equal to or greater than 4:	
<input type="checkbox"/> See PCA Order Sheet			
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Fentanyl _____ mcg IV every _____ minutes; may repeat _____ times			
<input type="checkbox"/> Hydromorphone _____ mg IV every _____ minutes; may repeat _____ times			
<input type="checkbox"/> Morphine Sulfate _____ mg IV every _____ minutes; may repeat _____ times			
<input type="checkbox"/> Ketorolac __30__ mg IV x 1 dose			
<input type="checkbox"/> Acetaminophen __650__ mg PO x 1 dose			
<input type="checkbox"/> Tylenol #3; tab _____ / elixir _____			
<input type="checkbox"/> Acetaminophen __325__ mg PO with Oxycodone __5__ mg (Percocet) _____ tablets PO x 1 dose			
03	HYPERTENSION	If diastolic BP exceeds _____, notify Anesthesia Provider and administer:	<input type="checkbox"/> Labetalol _____ mg IV: do NOT give if HR is less than 60 bpm <input type="checkbox"/> Hydralazine _____ mg IV: do NOT give if HR exceeds 90 bpm <input type="checkbox"/> Other: _____
04	HYPOTENSION	If systolic BP is less than _____, notify Anesthesia Provider and administer:	<input type="checkbox"/> Ephedrine _____ mg IV x 1 dose <input type="checkbox"/> Neosynephrine _____ mcg IV x 1 dose <input type="checkbox"/> Other: _____
05	NAUSEA and VOMITING	<input type="checkbox"/> Ondansetron (Zofran®) __4__ mg IV push x 1 <input type="checkbox"/> Dexamethasone __8__ mg IV push x 1 <input type="checkbox"/> Metoclopramide __10__ mg IV push x 1 <input type="checkbox"/> Diphenhydramine (Benadryl®) __12.5__ mg IV push x 1	<input type="checkbox"/> Phenergan _____ mg IV x 1 dose <input type="checkbox"/> Other: _____
06	LAB WORK	<input type="checkbox"/> Finger stick for blood glucose <input type="checkbox"/> STAT Gemstat (glucose, K+, Hb, ABG, Calcium) <input type="checkbox"/> STAT ABG <input type="checkbox"/> STAT 12 lead ECG	<input type="checkbox"/> STAT CXR <input type="checkbox"/> STAT Cardiac profile (serum troponin level, CPK with isoenzymes) <input type="checkbox"/> Other: _____
07	IV FLUIDS	<input type="checkbox"/> Administer _____ at _____ ml / hour <input type="checkbox"/> Administer Hetastarch / Hespan _____ ml over _____ minutes <input type="checkbox"/> Transfuse PRBCs _____ units at _____ ml / hour <input type="checkbox"/> Transfuse platelets _____ units at _____ ml / hour <input type="checkbox"/> Transfuse FFP _____ units at _____ ml / hour	<input type="checkbox"/> Other: _____
08	VENTILATOR ORDERS	Initial Ventilator Settings:	TV: _____ RR: _____ FiO2: _____ PEEP: _____
<input type="checkbox"/> Do not extubate <input type="checkbox"/> Wean to T-Piece _____ % O2 <input type="checkbox"/> Anesthesia must be present for extubation <input type="checkbox"/> Extubate per unit protocol <input type="checkbox"/> Slow wean protocol			
09	SHIVERING and HYPOTHERMIA	<input type="checkbox"/> SHIVERING: Meperidine __12.5__ mg IV x 1 dose; may repeat x 1 if shivering persists <input type="checkbox"/> HYPOTHERMIA: if tympanic membrane temperature is less than 36.8: institute warming blanket <input type="checkbox"/> HYPOTHERMIA: if tympanic membrane temperature is less than 36.8: use fluid warmer	
10	DISCHARGE ORDERS	<input type="checkbox"/> Transfer to _____ on _____ liters / min O2 by nasal cannula <input type="checkbox"/> Notify Anesthesia Provider if O2 Sat is less than 95% for greater than 1 minute <input type="checkbox"/> Notify Anesthesia Provider for patient evaluation prior to discharge <input type="checkbox"/> May discharge when discharge criteria has been met	
DISCHARGE NOTES: _____			

PATIENT NAME:	ANESTHESIA PROVIDER Signature:	PACU RN Signature:
PATIENT SSN:	Print Name Date Pgr / Phone	Print Name Date Pgr / Phone