

HOSPITAL

**EPIDURAL/INTRATHECAL ANALGESIA
ANESTHESIOLOGY
CONSULTATION FORM**

Reason for consultation request of:

Anesthesiology - Acute Pain Service (APS)
Beeper Number: 1910/KAISER: 301-206-0927

Epidural / Intrathecal analgesia for Pain Control

Consultation note:

_____ Year old, ASA _____ Patient Scheduled for _____

Epidural / Intrathecal Analgesia for pain control requested by Dr. _____

SIGNIFICANT MEDICAL HISTORY:	MEDICATIONS:	PHYSICAL EXAM:
		BP _____ HR _____
	ALLERGIES: _____	

- PLAN:**
- (1) To counsel the patient on the potential risks / benefits of epidural / intrathecal analgesia
 - (2) A. To insert a catheter at level _____ and to implement epidural or intrathecal analgesic using:
 Bupivacaine 1/16% or 1/8% with Fentanyl or Duramorph
 - OR
 - B. Single shot intrathecal injection using duramorph _____ mcg.

We will manage all of the patients analgesics and / or sedation orders while epidural / intrathecal analgesia is utilized.

Thank you.

PHYSICIAN SIGNATURE	PHYSICIAN NAME (PRINT) PAGER #	TIME DATE