

ANESTHESIA PAIN MANAGEMENT ORDERS
Royal Inland Hospital

Billie, Rubin
DOB 01/02/1965

Weight (kg)
79.37kg

Bulleter orders are initiated by default, unless crossed out and initiated by the physician/prescriber. Boxed orders (☐) require physician/prescriber check mark (☑) to be initiated.

HOLD ALL NARCOTIC ANALGESICS & SEDATIVE orders unless ordered by anesthesiologist.

Notify anesthesiologist if:

- Sedation Score 4 and RR less than 8 per min: Apply O₂ 6L/min facemask. Monitor O₂ saturation. Give naloxone 0.1 mg IV STAT, may repeat Q2MIN PRN x 3.
- If systolic BP less than 100 and/or Pulse less than 50

SINGLE DOSE SPINAL OR EPIDURAL NARCOTIC: _____ received at Date _____ Time _____ hr
Please note: Adjuvant orders associated with Single Dose Spinal or Epidural Narcotic are active x 18 hrs ONLY.

IV (PCA) PATIENT CONTROLLED ANALGESIA: (in 100 mL 0.9% Sodium Chloride): Start Date _____ Time _____ hr

Choose one	Qualifier (pump protocol #)	Opioid	Continuous Rate (mg/hr)	PCA Dose	PCA Lockout (minutes)	1 Hour Limit
<input type="checkbox"/>	05	OPIOID REGULAR HYDROMORPHONE 0.2 mg/mL	N/A	_____ mg (max: 0.5)	(min: 5)	_____ mg (max: 4)
<input type="checkbox"/>	06	OPIOID REGULAR fentaNYL 10 mcg/mL	N/A	_____ mcg (max: 30)	(min: 5)	_____ mcg (max: 360)
<input type="checkbox"/>	07	OPIOID REGULAR morphine 1 mg/mL	N/A	_____ mg (max: 3)	(min: 5)	_____ mg (max: 30)
<input type="checkbox"/>	09	OPIOID TOLERANT HYDROMORPHONE (0.2 mg/mL)	(range: 0-10)	_____ mg (max: 1.2)	(min: 5)	_____ mg (max: 10)
<input type="checkbox"/>	11	OPIOID TOLERANT morphine (1 mg/mL)	(range: 0-50)	_____ mg (max: 8)	(min: 5)	_____ mg (max: 50)

Loading dose _____ IV PRN PAR ONLY

- Discontinue PCA when patient can be managed on oral analgesics

EPIDURAL: Continuous Infusion (in 250 mL 0.9% Sodium Chloride)

Choose one	Qualifier (pump protocol #)	Drug	Drug	Start Rate	Range
<input checked="" type="checkbox"/>	02	fent 2 - BUP 0.125%	fentaNYL 2 mcg/mL bupivacaine 0.125%	<u>3</u> mL/hr	<u>3</u> to <u>8</u> mL/hr
<input type="checkbox"/>	03	fent 2 - BUP 0.2%	fentaNYL 2 mcg/mL bupivacaine 0.2%	_____ mL/hr	_____ to _____ mL/hr
<input type="checkbox"/>	04	HM 10 - BUP 0.125%	HYDROMORPHONE 10 mcg/mL bupivacaine 0.125%	_____ mL/hr	_____ to _____ mL/hr
<input type="checkbox"/>	05	BUP 0.125% plain	bupivacaine 0.125% plain	_____ mL/hr	_____ to _____ mL/hr
<input type="checkbox"/>	06	BUP 0.2% plain	bupivacaine 0.2% plain	_____ mL/hr	_____ to _____ mL/hr

EPIDURAL: Intermittent Narcotic

- fentaNYL 25-100 mcg Q (1) H PRN
- Preservative-free morphine _____ mg Q _____ H PRN

Discontinue

- morning of (date) Day #3 postop without weaning
- at discretion of nurse or surgeon, after 36-72 hours of infusion with weaning, when patient can be managed on oral analgesics
- on order from anesthesiologist

If epidural infusion is discontinued without weaning, immediately give

- oxycodone I.R. _____ mg PO HYDROMORPHONE I.R. 2mg mg PO then follow surgeon's orders

NERVE BLOCK CATHETER INFUSION: Catheter site:

bupivacaine 0.125% (in 250 mL 0.9% Sodium Chloride) start rate _____ mL/hr Range: _____ to _____ mL/hr
Discontinue morning of (date) _____ at discretion of nurse or surgeon on order from anesthesiologist

Date (dd/mm/yyyy) <u>Day 10 postop</u>	Time <u>1600</u>	Prescriber's Signature <u>[Signature]</u> MD	Printed Name or College ID# <u>54321</u>
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The following medications with sedative properties may be continued while on Anesthesia Pain Management Orders:

Zopiclone

- follow Enhanced Recovery After Surgery (ERAS) Post op Orders #829540 or #801100 or #815761 or #814855
- ☐ follow Post-Op Caesarean Section Orders #829381

ADJUNCT ANALGESIA

- ☐ acetaminophen 650 to 975 mg PO Q3-4H PRN
- ☐ acetaminophen 650 to 975 mg PR Q3-4H PRN
- ☐ acetaminophen+C+C 30 mg 1 to 2 tablets PO Q3-4H PRN
- ☐ oxycodone/acetaminophen 1 to 2 tablets PO Q3-4H PRN
- ☐ diclofenac 50 mg PO BID PRN
- ☐ diclofenac 50 mg PR BID PRN
- ☐ naproxen 500 mg PO BID PRN
- ☑ ketorolac 30 mg IV Q 12 H PRN *HA*
- ☐ morphine _____ mg PO or IV Q3-4H PRN
- ☐ oxycodone I.R. _____ mg PO Q3-4H PRN
- ☐ oxycodone S.R. 10 mg PO Q12H
- ☐ HYDRomorphone _____ mg PO Q3-4H PRN
- ☐ HYDRomorphone _____ mg IV Q3-4H PRN
- ☐ Other _____

Comments (i.e. start time, duration)

acetaminophen 650mg po q 4h

NAUSEA & VOMITING

- ondansetron 4 mg PO or IV Q4H PRN (1st choice)
- dimenhydrINATE 12.5 to 50 mg PO or IV Q4H PRN (2nd choice)
- prochlorperazine 5 to 10 mg PO or IV Q4H PRN (3rd choice)

☑ Other *Use antiemetics on ERACS protocol*

PRURITUS

- diphenhydrAMINE 25 mg PO or IV Q2H PRN
- naloxone 0.1 mg IV Q3H PRN
- ☐ Other _____

URINARY RETENTION

- In/Out Foley catheter Q6H PRN up to 3 times

All adjuvant orders will be discontinued with Anesthesia Pain Management orders.

Date (dd/mm/yyyy) <i>Yesterday</i>	Time <i>1600</i>	Prescriber's Signature <i>JF MD</i>	Printed Name or College ID# <i>54321</i>
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