

ANESTHESIA PAIN MANAGEMENT ORDERS

McAllister: Dorel
DOB 01/02/1939
123 456 789

Allergies - Check (✓) one box:
☒ None known ☐ Unable to obtain
☐ See Allergy ADR Record (if in use at the facility)

Height (cm) 150 Weight (kg) 53

Bulleted orders are initiated by default, unless crossed out and initialed 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 5 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 _____ and/or Pulse less than _____

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

Pump Protocol #	Pump Mnemonic	Bolus Dose	Continuous Infusion Rate (mg/hr)	Lockout Time (minutes)	1 Hour Limit
<input type="checkbox"/> 05	HYDROmorphine 0.15 mg/mL	_____ mg (max: 0.45)	N/A	(min: 5)	_____ mg (max: 4)
<input type="checkbox"/> 06	fentanyl 10 mcg/mL	_____ mcg (max: 30)	N/A	(min: 5)	_____ mcg (max: 360)
<input type="checkbox"/> 07	morphine 1 mg/mL	_____ mg (max: 3)	N/A	(min: 5)	_____ mg (max: 30)
<input type="checkbox"/> 09	HYDROmorphine TOLERANT (0.15 mg/mL)	_____ mg (max: 1.2)	(range: 0-10)	(min: 5)	_____ mg (max: 10)
<input type="checkbox"/> 11	morphine TOLERANT (1 mg/mL)	_____ mg (max: 8)	(range: 0-50)	(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):

Pump Protocol #	Pump Mnemonic		Start Rate	Range
<input checked="" type="checkbox"/> 01	fentBUP.125	fentanyl 2 mcg/mL bupivacaine 0.125%	6 mL/hr	3 to 8 mL/hr
<input type="checkbox"/> 02	HM10BUP.125	HYDROmorphine 10 mcg/mL bupivacaine 0.125%	_____ mL/hr	_____ to _____ mL/hr
<input type="checkbox"/> 23	fent5BUP.125	fentanyl 5 mcg/mL bupivacaine 0.125%	_____ mL/hr	_____ to _____ mL/hr
<input type="checkbox"/> 24	fentBUP.2	fentanyl 2 mcg/mL bupivacaine 0.2%	_____ mL/hr	_____ to _____ mL/hr

Intermittent Narcotic:

- ☐ fentanyl _____ mcg Q _____ H PRN
☐ Preservative-free morphine _____ mg Q _____ H PRN

Discontinue

- ☐ morning of (date) _____ 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 SR _____ mg PO ☐ HYDROmorphine _____ 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)

Time

Physician Signature

Printed Name or College ID#

May 24, 2024

2230

[Signature]

James