

# Inpatient Physician Orders

## Epidural Orders

Postoperative Pain Service (PPS) Pager 713-404-2264

Allergies: \_\_\_\_\_

MD's signature indicates all orders are activated. To delete an order, draw one line through the item, write delete and initial your entry.

### Interventions

- DO NOT ADMINISTER THE FOLLOWING MEDICATIONS** until Post Operative Pain Service (PPS) is notified: no IV or PO narcotics (Dilaudid, Morphine, etc.), CNS depressants (Phenergan, Compazine, Haldol, Ativan, Ambien, Droperidol, etc.), antiplatelets (Plavix), anticoagulants (IV heparin. Lovenox, Fragmin, etc.). SQ heparin allowed.
- Continuous pulse oximeter for first 24 hours of therapy, then q4h until epidural discontinued.
- Notify PPS if:
  - Sedation scale = 4, RR < 10, and/or O<sub>2</sub> saturation < 90% for 2 minutes. Place on O<sub>2</sub> per N/C at 4L/minute if O<sub>2</sub> saturation < 90%.
  - Catheter connector comes off – STOP infusion.
  - Pain control is inadequate.
  - Epidural dressing becomes loose/wet – cover cath with sterile 4x4 and tape.
  - Patient has urinary retention (only if patient has no Foley catheter in).
  - Patient has leg weakness or numbness.
- DO NOT** change epidural dressing.

**IV Fluids** If IV fluids discontinued, maintain IV access with heparin lock 100 units q shift until epidural infusion discontinued.

### Epidural Medications

1. <u>Standard Formulations:</u> * <input type="checkbox"/> Fentanyl <b>5 mcg/ml</b> with Bupivacaine 0.075% <input type="checkbox"/> Fentanyl <b>10 mcg/ml</b> with Bupivacaine 0.075%	<u>Non-Standard Formulations:</u> * <input type="checkbox"/> Fentanyl _____ mcg/ml <input type="checkbox"/> Bupivacaine _____ % <input type="checkbox"/> Ropivacaine _____ %
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\*Selected items above to be prepared in preservative free (PF) NS 100ml and administered via epidural pump.

Basal Rate	PCA Dose	Delay Interval	Hourly Limit
_____ ml/hr	_____ ml	_____ min (5-15 min)	_____ ml/hr

- Administer only if box checked and after receiving approval of primary team:
 

<input type="checkbox"/> Rofecoxib	<input type="checkbox"/> 25 mg	<input type="checkbox"/> 50 mg	PO daily x 5 days. If not taking PO give:
<input type="checkbox"/> Ketorolac	<input type="checkbox"/> 15 mg	<input type="checkbox"/> 30 mg	IV q6h x 48 hours.

(Use Ketorolac with caution in elderly and patient with increased Creatinine)

### Medications as needed (prn)

- Naloxone 0.4 mg with 10 ml syringe and 10 ml sterile NS available at all times during epidural therapy. In an emergency, select "override" to access Naloxone from Pyxis.
- Ondansetron 4-8 mg ☐ IV Push or ☐ in 50 ml NS IVPB q6h prn for nausea/vomiting. Note: if 4 mg given, repeat 4 mg to a maximum dose of 8 mg within 6 hours. Notify pain MD if patient has no relief.
- Diphenhydramine 12.5 mg in 50 ml NS IVPB q4h prn severe itching. Notify pain MD if patient has no relief.
- Standing RN bolus for breakthrough pain: patient may have 5 ml Epidural bolus q \_\_\_\_\_ hours if BP stable and patient is alert and oriented. Recheck BP again in 15 minutes.
- In PACU and SICU, notify PPS upon patient arrival. If patient has pain, RN may bolus 5 ml x 2 via epidural 15 min apart.
- Other:

Physician's Signature / ID Code: \_\_\_\_\_

Pager: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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File under: Physician Orders

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