Anesthesia Continuous Epidural Plan 01/07/2014 (#1210)

Allergies: □ NKDA □ Allergic to:_________________________________________________________

1. Patient to receive continuous epidural infusion as initiated by physician with (physician select and initial):
   □ Fentanyl-Ropivacaine (Fentanyl 2 mcg/mL-Ropivacaine 0.125% epidural 250 mL)
   □ Other:__________________________________________________________________________
   Rate: Infuse at a rate of _________mL/hour

2. Patient Controlled Epidural Analgesia ______________________________________________________
   basal rate __________________bolus______________________ lock-out time______________________
   Total volume __________ milliliters in Ambulatory Patient Controlled reservoir

3. Precautions
   a. Label patient door, chart, clipboard, catheter tubing and kardex with “Epidural Catheter”.
   b. Maintain intravenous access (keep vein open 1000 milliliters Lactated Ringers or Heplock).
   c. Keep 2 ampules Narcan (naloxone) 0.4 milligrams and 1 ampule Ephedrine 50 milligrams with
      syringe and needle readily available.
   d. NO systemic narcotics, sedatives, or anti-emetics to be given except as ordered by REGIONAL
      ANESTHESIA SERVICE

4. Monitoring
   a. Monitor and record vital signs, level of sedation, and oxygen saturation every:
      □ 15 minutes x 4  □ 30 minutes x 2  □ 1 hour x 4  □ 2 hours x 6  □ then vital signs q 4 hr
   b. Monitor and record neurovascular status every:
      □ 1 hour x 4  □ 2 hours x 2  □ then q 4 hr
      Include color, temperature, strength, movement and peripheral pulses of affected extremities.
   c. Evaluate and document Visual Analog Pain score on a scale of zero to ten with vital signs.
      PLEASE CALL REGIONAL ANESTHESIA SERVICE STAT FOR ANY SUDDEN
      NEUROLOGIC STATUS CHANGES SUCH AS SUDDEN MUSCLE WEAKNESS AND
      DECREASED SENSATION OR SUDDEN SEVERE BACK PAIN.

5. Treatment of side effects
   a. For respiratory depression: (respirations less than 10 and/or oxygen saturation less than 90%) give
      Narcan (naloxone) 40 mcg intravenous push every 3 minutes as needed x _________doses, turn off
      pump and call REGIONAL ANESTHESIA SERVICE.
   b. For hypotension: (systolic less than 90 millimeters of mercury, diastolic less than 60 millimeters of
      mercury) elevate patient’s feet, lower patient’s head, increase intravenous fluids, give ephedrine 10
      milligrams IV. Turn off Epidural infusion pump and call REGIONAL ANESTHESIA SERVICE.
   c. For bradycardia: heart rate less than 50 call REGIONAL ANESTHESIA SERVICE.

□ TO □ Read back
Order taken by Signature:________________________________________ Date/Time:___________________
Physician Signature________________________________________ Date/Time:_______________________
d. For **somnolence or confusion**: level of sedation scale of 3 or less call **REGIONAL ANESTHESIA SERVICE**.

e. For **nausea/vomiting** (physician select and initial):
   1. _____ Ondansetron (Zofran) 4mg every 4 hours IV push prn
   2. _____ Promethazine (Phenergan) 6.25 mg x1
   3. _____ If patient is less than 60 years old:
      Transderm Scopolamine patch 1.5 milligrams placed post-auriculary. Patch to be removed after 48 hours and to be reordered if necessary. Only for severe nausea & vomiting not relieved by above orders.

f. For **itching** (physician select and initial):
   1. _____ Diphenhydramine (Benadryl) 12.5 milligrams slow intravenous every 4 hours as needed.
   2. _____ Naloxone (Narcan) 0.8 milligrams per liter of intravenous fluid and infuse at 100 milliliters/hour or 10mcg IV push every 1 hr

g. For **urinary retention**: straight catheter bladder every 6 hours as needed.

6. **Additional pain medication if needed** (physician select and initial):
   1. _____ Acetaminophen (Tylenol) 1g IV every 6 hours prn
   2. _____ Ibuprofen (Motrin) 600 milligrams orally every 6 hours as needed (No NSAIDS if patient is on Lovenox)
   3. _____ Ketorolac (Toradol) 30 milligrams intravenous, then 30 milligrams intravenous every 6 hours as needed (maximum of 3 days) (No NSAIDS if patient is on Lovenox)
   4. _____ Norco 5/325 every 4 hours as needed not to exceed 8 tablets/day

7. **Activity** as ordered by surgeon, assist with ambulation by two staff members.

8. **Catheter Care**
   a. **Dressings** should be kept clean and dry. Insertion sites should be inspected every shift. Bandages may be removed 24 hours after discontinuance of catheter.
   b. If system becomes disconnected, cover tubing ends with sterile dressing and notify **REGIONAL ANESTHESIA SERVICE**.

9. **Pain management after removal of epidural catheter**
   After epidural catheter discontinued, for pain: ______________________________

10. Continue to monitor oxygen saturation for 24 hours after epidural catheter discontinued.

**Resident on call:**
**Regional anesthesia pager**: (806)721-5284