## Diagnosis _____________________________________________________

<table>
<thead>
<tr>
<th>Weight</th>
<th>Allergies</th>
</tr>
</thead>
</table>

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

### ORDER DETAILS

**Patient Care**

- **Vital Signs**
  - T;N, q15 minutes for 1 hour, q30 minutes for 1 hour, q1 hour x 4 hours, q2 hours x 6 hours, then q4 hours thereafter
  - T;N, q30 minutes for 1 hour, q1 hour x 4 hours, q2 hours x 6 hours, then q4 hours thereafter
  - T;N, q1 hour for 4 hours, q2 hours x 6 hours, then q4 hours thereafter
- **Perform Neurological Checks (Neuro Checks)**
  - T;N, q15 minutes for 1 hour, q30 minutes for 1 hour x 4 hours, q2 hours x 6 hours, then q4 hours thereafter
  - T;N, q30 minutes for 1 hour, q1 hour x 4 hours, q2 hours x 6 hours, then q4 hours thereafter
  - T;N, q1 hour for 4 hours, q2 hours x 6 hours, then q4 hours thereafter

**Patient Activity**

- T;N, As ordered by surgeon

**Discontinue Dressing (Remove Dressing)**

- Remove dressing 24 hours after discontinuation of catheter

### Communication

- **Notify Provider (Misc)**
  - T;N, Notify Regional Anesthesia Pager: 806-721-5284, Reason: Sudden neurological status change such as sudden muscle weakness, decreased sensation, or sudden severe back pain- please call regional anesthesia services STAT.

- **Notify Nurse (DO NOT USE FOR MEDS)**
  - T;N, Label Patient door, chart, and catheter tubing with "Epidural Catheter"
  - T;N, Dressing should be kept clean & dry.
  - T;N, Insertion sites should be inspected every shift.
  - T;N, If system becomes disconnected, cover tubing ends with sterile dressing and notify Regional Anesthesia Service.

- **Notify Provider of VS Parameters (Notify Provider if VS)**
  - RR Less Than 10, SpO2 Less Than 90, HR Less Than 50

- **Notify Provider (Misc)**
  - T;N, Notify Regional Anesthesia Pager: 806-721-5284, Reason: Somnolence or confusion; level of sedation scale of 3 or less.

---

**TO**

**Read Back**

<table>
<thead>
<tr>
<th>Scanned Powerchart</th>
<th>Scanned PharmScan</th>
</tr>
</thead>
</table>

Order Taken by Signature: ___________________________ Date ______________________ Time ___________________________

Physician Signature: ___________________________ Date ______________________ Time ___________________________
ANESTHESIOLOGY CONTINUOUS EPIDURAL PLAN

PHYSICIAN ORDERS
Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER | ORDER DETAILS
--- | ---
Medication Management (Notify Nurse and Pharmacy) | □ BID, NOW, Start date T:N
No NSAIDs (ibuprofen, ketorolac, etc.) or anti-platelets if patient on heparin or enoxaparin for DVT prophylaxis for the duration of the epidural.

Medication Management (Notify Nurse and Pharmacy) | □ BID, NOW, Start date T:N
Time enoxaparin/heparin dose with regard to epidural insertion and removal.
If ordered, NSAIDs can be resumed immediately after catheter removal.
If ordered, prophylactic low dose sc heparin can be given immediately after epidural insertion and 4-6 hours after removal.
If ordered, high dose heparin (greater than 5,000 units per dose or 15,000 units per day) is contraindicated while the patient is on epidural. This may be resumed 4-6 hours after epidural removal.
If ordered, enoxaparin can be given 12 hours after epidural insertion and only dosed every 24 hours. Enoxaparin can be resumed a MINIMUM of 4 hours after epidural removal.
Epidural may be removed 4-6 hours after last heparin dose OR assessment of coagulation studies. Epidural may be removed 12 hours after last dose of enoxaparin.

IV Solutions

<table>
<thead>
<tr>
<th>Solution</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>LR</td>
<td>□ IV, 75 mL/hr □ IV, 100 mL/hr</td>
</tr>
</tbody>
</table>

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

ropivacaine (ropivacaine 0.2% epidural 200 mL) | □ Loading Dose (mL) = 0, Demand Dose (mL) = 0, Lock-out Interval (min) = 0, 4-hour Limit (mL) = 0, Continuous Epidural.

Antiemetics

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>PRN</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ondansetron</td>
<td>4 mg, IV/IVPush, soln, q8h, PRN nausea/vomiting</td>
<td>If ondansetron contraindicated or ineffective, use promethazine IF ORDERED.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>promethazine</td>
<td>6.25 mg, Slow IV/IVPush, inj, q4h, PRN nausea/vomiting</td>
<td>□ VESICANT □ Dilute with 10 mL NS &amp; IVPush over 5 min through a running IV line with large-bore access.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>scopolamine</td>
<td>1.5 mg, transdermal, adh patch, ONE TIME, PRN nausea/vomiting</td>
<td>For use patients LESS than 60 years of age. Use scopolamine patch only for severe nausea and vomiting not relieved by ondansetron and/or promethazine.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For patients LESS than 60 years of age, use scopolamine patch only for severe nausea and vomiting not relieved by ondansetron and/or promethazine.
For use patients LESS than 60 years of age. Use scopolamine patch only for severe nausea and vomiting not relieved by ondansetron and/or promethazine (if ordered). Remove patch 48 hours after placement.

Continued on next page....

TO | Read Back | Scanned Powerchart | Scanned PharmScan
--- | --- | --- | ---
Order Taken by Signature: ________________________________ Date: __________ Time: __________
Physician Signature: ________________________________ Date: __________ Time: __________
<table>
<thead>
<tr>
<th>ORDER</th>
<th>ORDER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Antihistamines</strong></td>
</tr>
<tr>
<td></td>
<td><strong>diphenhydramine</strong></td>
</tr>
<tr>
<td></td>
<td>25 mg, PO, cap, q4h, PRN itching</td>
</tr>
<tr>
<td></td>
<td>If diphenhydramine PO is ineffective or patient is NPO, use diphenhydramine inj IF ORDERED.</td>
</tr>
<tr>
<td></td>
<td><strong>diphenhydramine</strong></td>
</tr>
<tr>
<td></td>
<td>12.5 mg, IVPush, inj, q4h, PRN itching</td>
</tr>
<tr>
<td></td>
<td><strong>Laboratory</strong></td>
</tr>
<tr>
<td></td>
<td>Platelet count daily starting Day 4 of receiving heparin.</td>
</tr>
<tr>
<td></td>
<td><strong>Platelet Count</strong></td>
</tr>
<tr>
<td></td>
<td>Routine, T+4:N, for 3 days</td>
</tr>
</tbody>
</table>