

ANESTHESIOLOGY 24 HOUR POST-OP ANALGESIA  
PLAN AFTER INTRATHECAL/EPIDURAL OPIOIDS

PHYSICIAN ORDERS

Diagnosis \_\_\_\_\_

Weight \_\_\_\_\_

Allergies \_\_\_\_\_

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

**Patient Care**

\*\*\*Only Anesthesia Providers CAN Place This Plan\*\*\*

**Vital Signs**

- Per Unit Standards, PLUS check and record RR q1h x 12 hours, then q2h x 12 hours for 24h following narcotic
- Per Unit Standards

**Continuous Pulse Oximetry**

- Monitor for 24 hours after epidural/intrathecal opioid medication. Set alarm to sound if SpO2 less than 92%.

**Meds Administered Intraoperatively**

**Communication**

**Notify Provider of VS Parameters**

- RR Less Than 10, SpO2 Less Than 90, Notify Notify Anesthesia resident or CRNA

**Notify Provider (Misc)**

- Notify Anesthesia resident or CRNA, Reason: Continuous pain (greater than or equal to 4 on pain scale), change in resp rate/ depression, evidence of airway obstruction, somnolence, excessive nausea/vomiting, urinary retention, and/or severe itching.

**Notify Nurse (DO NOT USE FOR MEDS)**

- Keep O2 flowmeter with nipple adapter at bedside.

**IV Solutions**

**LR**

- IV, 25 mL/hr, x 24 hr

**NS**

- IV, 25 mL/hr, x 24 hr

**Medications**

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

**Respiratory Depression**

**naloxone**

- 0.2 mg, IVPush, inj, q2min, PRN bradypnea, x 3 dose  
Naloxone 0.4 mg ampule to be available at bedside. Give for respirations less than eight breaths per minute. May give undiluted or dilute 0.4 mg into 9 mL of normal saline for a total volume of 10 mL. (Final concentration = 0.04 mg/mL).

**Scheduled Analgesics**

**acetaminophen (acetaminophen IV)**

- 1,000 mg, IVPB, iv soln, q6h, x 2 dose

**PRN Analgesics**

Select only ONE of the following for mild pain

If scheduled intravenous acetaminophen is ordered, PRN acetaminophen orders cannot begin until that order expires.

\*\*\*Do not exceed 3,000 mg of acetaminophen from all sources in 24 hours\*\*\*

TO  Read Back

Scanned Powerchart

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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PLAN AFTER INTRATHECAL/EPIDURAL OPIOIDS

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
	<p><b>acetaminophen</b>  <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)                      If scheduled intravenous acetaminophen is ordered, PRN acetaminophen orders cannot begin until that order expires.</p> <p>***Do not exceed 3,000 mg of acetaminophen from all sources in 24 hours***</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q8h, PRN pain-mild (scale 1-3)                      If scheduled intravenous acetaminophen is ordered, PRN acetaminophen orders cannot begin until that order expires.</p> <p>***Do not exceed 3,000 mg of acetaminophen from all sources in 24 hours***</p>
	<p><b>ibuprofen</b>  <input type="checkbox"/> 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3)                      ***Do not exceed 3,200 mg of ibuprofen from all sources in 24 hours***. Give with food.</p>
	<p>Pain-Moderate</p> <p><b>ketorolac</b>  <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-7), x 24 hr                      ***May give IM if no IV access***</p>

Antiemetics

	<p><b>ondansetron</b>  <input type="checkbox"/> 4 mg, IVPush, soln, q4h, PRN nausea, x 24 hr</p>
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...Additional Orders

	<p>NO OPIOIDS OR MEDICATION WITH SEDATIVE PROPERTY FOR THE FIRST 24 HOURS AFTER EPIDURAL/INTRATHECAL OPIOIDS EXCEPT ORDERED BY ANESTHESIOLOGY.</p>
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TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

