

UMC Health System ANESTHESIOLOGY CONTINUOUS EPIDURAL PLAN	Patient Label Here
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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

Vital Signs
 T;N, Per Policy, q15 minutes for 1 hour, q30 minutes for 1 hour, q1 hour x 4 hours, q2 hours x 6 hours, then q4 hours thereafter

Vital Signs
 T;N, Per Policy, q30 minutes for 1 hour, q1 hour x 4 hours, q2 hours x 6 hours, then q 4 hours thereafter

Vital Signs
 T;N, Per Policy, q1 hour for 4 hours, q2 hours x 6 hours, then q4 hours thereafter

Perform Neurological Checks (Neuro Checks)
 T;N, Special Instructions, q15 minutes for 1 hour, q30 minutes for 1 hour x 4 hours, q2 hours x 6 hours, then q4 hours thereafter

Perform Neurological Checks (Neuro Checks)
 T;N, Special Instructions, q30 minutes for 1 hour, q1 hour x 4 hours, q2 hours x 6 hours, then q4 hours thereafter

Perform Neurological Checks (Neuro Checks)
 T;N, Special Instructions, q1 hour for 4 hours, q2 hours x 6 hours, then q4 hours thereafter

Patient Activity
 T;N, Ambulate with 2 assistants, As ordered by surgeon

Discontinue Dressing (Remove Dressing)
 Located: Back, 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"

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Dressing should be kept clean & dry.

Notify Nurse (DO NOT USE FOR MEDS)
 T;N, Insertion sites should be inspected every shift.

Notify Nurse (DO NOT USE FOR MEDS)
 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.

<input type="checkbox"/> TO	<input type="checkbox"/> Read Back	<input type="checkbox"/> Scanned Powerchart	<input type="checkbox"/> Scanned PharmScan
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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

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ORDER	ORDER DETAILS
	<p>Medication Management (Notify Nurse and Pharmacy)</p> <p><input type="checkbox"/> 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.</p>
	<p>Medication Management (Notify Nurse and Pharmacy)</p> <p><input type="checkbox"/> BID, NOW, Start date T;N Time enoxaparin/heparin dose with regard to epidural insertion and removal.</p> <p>If ordered, NSAIDs can be resumed immediatly after catheter removal.</p> <p>If ordered, prophylactic low dose sc heparin can be given immediately after epidural insertion and 4-6 hours after removal.</p> <p>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.</p> <p>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.</p> <p>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.</p>

IV Solutions

LR	<input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr <input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr
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Medications

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

	<p>ropivacaine (ropivacaine 0.2% epidural 200 mL)</p> <p><input type="checkbox"/> Loading Dose (mL) = 0, Demand Dose (mL) = 0, Lock-out Interval (min) = 0, 4-hour Limit (mL) = 0, Continuous Epidural.</p>
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Antiemetics

	<p>ondansetron</p> <p><input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea If ondansetron contraindicated or ineffective, use scopolamine IF ORDERED.</p>
	<p>For patients LESS than 60 years of age, use scopolamine patch only for severe nausea and vomiting not relieved by ondansetron.</p> <p>scopolamine</p> <p><input type="checkbox"/> 1 mg, transdermal, adh patch, ONE TIME, PRN nausea/vomiting 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.</p> <p>Continued on next page....</p>

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Antihistamines

	diphenhydrAMINE <input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching If diphenhydramine PO is ineffective or patient is NPO, use diphenhydramine inj IF ORDERED.
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	diphenhydrAMINE <input type="checkbox"/> 12.5 mg, IVPush, inj, q4h, PRN itching
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Laboratory

	Platelet count daily starting Day 4 of receiving heparin. Platelet Count <input type="checkbox"/> Routine, T+4;N, for 3 days
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