

UMC Health System OB/GYN POST-OP 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
 Per Unit Standards, PLUS check and record RR q1h x 12, then q2h x 6, until 24h following epidural/intrathecal narcotic administration.
 Per Unit Standards

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

Communication

Notify Provider of VS Parameters
 RR Less Than 11, SpO2 Less Than 90%

Notify Provider (Misc)
 Reason: Continuous pain (greater than or equal to 4 on pain scale), change in resp rate/depression, evidence of airway obstruction, somnolence, excessive n/v, urinary retention and/or severe itching.

Notify Nurse (DO NOT USE FOR MEDS)
 Keep O2 flowmeter w/ nipple adapter at bedside.

IV Solutions

LR (Lactated Ringer's)
 IV, 25 mL/hr

NS (Normal Saline)
 IV, 25 mL/hr

Medications

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

Pain Management

ketorolac
 15 mg, IVPush, inj, q6h, x 4 dose

ibuprofen
 400 mg, PO, tab, q6h, PRN pain-mild (scale 1-3), x 24 hr
 Give with food.

Select both acetaminophen orders below to complete 24 hours of scheduled acetaminophen post op (2 doses of IV acetaminophen followed by 2 doses of PO acetaminophen)

acetaminophen
 1,000 mg, IVPB, iv soln, q6h, x 2 dose
 Do not exceed 4000 mg of acetaminophen per day from all sources.

acetaminophen
 1,000 mg, PO, tab, q6h, x 2 dose
 Do not exceed 4000 mg of acetaminophen per day from all sources.
 325 mg, PO, tab, q6h, x 2 dose
 Do not exceed 4000 mg of acetaminophen per day from all sources.
 500 mg, PO, tab, q6h, x 2 dose
 Do not exceed 4000 mg of acetaminophen per day from all sources.

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ORDER	ORDER DETAILS
Respiratory Depression	
	naloxone <input type="checkbox"/> 0.04 mg, IVPush, inj, as needed, PRN bradypnea Repeat as necessary up to 0.4 mg <input type="checkbox"/> 0.1 mg, IVPush, inj, as needed, PRN bradypnea Repeat as necessary up to 0.4 mg
Itching	
	nalbuphine <input type="checkbox"/> 5 mg, IVPush, inj, q4h, PRN itching If nalbuphine contraindicated or ineffective, give diphenhydramine if ordered.
	diphenhydrAMINE <input type="checkbox"/> 12.5 mg, IVPush, inj, q4h, PRN itching If diphenhydramine contraindicated or ineffective, give naloxone if ordered.
	naloxone <input type="checkbox"/> 0.01 mg, IVPush, inj, q1h, PRN itching If naloxone intermittent dosing is ineffective, use naloxone infusion if ordered.
	If naloxone IVPush is ineffective, use: naloxone 2 mg/500 mL D5W <input type="checkbox"/> IV <input type="checkbox"/> Start at rate: _____ mcg/hr
Nausea/Vomiting	
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q6h, PRN nausea/vomiting <input type="checkbox"/> 4 mg, IVPush, soln, q4h, PRN nausea/vomiting

...Additional Orders	

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UMC Health System LABOR AND DELIVERY DISCOMFORT MED PLAN	Patient Label Here
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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
	Patient Care
	Perform Bladder Scan <input type="checkbox"/> Scan PRN, If more than 250, Then: Call MD, Perform as needed for patients complaining of urinary discomfort and/or bladder distention present OR 6 hrs post Foley removal and patient has not voided.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	menthol-benzocaine topical (Chloraseptic 6 mg-10 mg mucous membrane lozenge) <input type="checkbox"/> 1 lozenge, mucous membrane, lozenge, q4h, PRN sore throat
	dextromethorphan-guaiFENesin (dextromethorphan-guaiFENesin 20 mg-200 mg/10 mL oral liquid) <input type="checkbox"/> 10 mL, PO, liq, q4h, PRN cough
	dexamethasone-diphenhydrAMIN-nystatin-NS (Fred's Brew) <input type="checkbox"/> 15 mL, swish & spit, liq, q2h, PRN mucositis While awake
	Analgesics
	acetaminophen <input type="checkbox"/> 500 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:***** <input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:***** <input type="checkbox"/> 650 mg, rectally, supp, q4h, PRN pain-mild (scale 1-3) ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen ineffective/contraindicated, USE ibuprofen if ordered:*****
	ibuprofen <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.
	HYDROcodone-acetaminophen (HYDROcodone-acetaminophen 5 mg-325 mg oral tablet) <input type="checkbox"/> 1 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours *****IF HYDROcodone-acetaminophen ineffective/contraindicated or the patient is NPO, USE ketorolac if ordered***** <input type="checkbox"/> 2 tab, PO, tab, q4h, PRN pain-moderate (scale 4-6) Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours *****IF HYDROcodone-acetaminophen ineffective/contraindicated or the patient is NPO, USE ketorolac if ordered*****
	ketorolac <input type="checkbox"/> 15 mg, IVPush, inj, q6h, PRN pain-moderate (scale 4-6), x 48 hr ***May give IM if no IV access***
	morphine <input type="checkbox"/> 2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered***** <input type="checkbox"/> 4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) *****IF morphine is ineffective/contraindicated, USE HYDROmorphine if ordered*****

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	HYDRomorphone <input type="checkbox"/> 0.2 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.4 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10) <input type="checkbox"/> 0.6 mg, Slow IVPush, inj, q4h, PRN pain-severe (scale 7-10)
Antiemetics	
	promethazine <input type="checkbox"/> 25 mg, PO, tab, q4h, PRN nausea *****IF promethazine is ineffective/contraindicated or patient is NPO, USE ondansetron if ordered*****
	ondansetron <input type="checkbox"/> 4 mg, IVPush, soln, q8h, PRN nausea
Gastrointestinal Agents	
	docusate <input type="checkbox"/> 100 mg, PO, cap, Nightly, PRN constipation *****IF docusate is contraindicated or ineffective after 12 hours, USE bisacodyl if ordered*****
	bisacodyl <input type="checkbox"/> 10 mg, rectally, supp, Daily, PRN constipation *****IF bisacodyl is contraindicated or ineffective after 6 hours, USE Fleet Enema if ordered*****
	sodium biphosphate-sodium phosphate (Fleet Enema) <input type="checkbox"/> 1 ea, rectally, enema, Daily, PRN constipation
	loperamide <input type="checkbox"/> 4 mg, PO, cap, ONE TIME, PRN diarrhea Initial dose after first loose stool <input type="checkbox"/> 4 mg, PO, liq, ONE TIME, PRN diarrhea Initial dose after first loose stool
	loperamide <input type="checkbox"/> 2 mg, PO, cap, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day <input type="checkbox"/> 2 mg, PO, liq, as needed, PRN diarrhea 2 mg after each loose stool, up to 16 mg per day
Antacids	
	Al hydroxide-Mg hydroxide-simethicone (aluminum hydroxide-magnesium hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral suspension) <input type="checkbox"/> 30 mL, PO, susp, q4h, PRN indigestion Administer 1 hour before meals and nightly.
	simethicone <input type="checkbox"/> 80 mg, PO, tab chew, q4h, PRN gas <input type="checkbox"/> 160 mg, PO, tab chew, q4h, PRN gas
Sedatives	
	ALPRAZolam <input type="checkbox"/> 0.25 mg, PO, tab, TID, PRN anxiety *****IF ALPRAZolam is ineffective/contraindicated or patient is NPO, USE LORazepam if ordered*****

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ORDER	ORDER DETAILS
	<p>LORazepam</p> <p><input type="checkbox"/> 1 mg, IVPush, inj, q6h, PRN anxiety <input type="checkbox"/> 0.5 mg, IVPush, inj, q6h, PRN anxiety</p>
	<p>zolpidem</p> <p><input type="checkbox"/> 5 mg, PO, tab, Nightly, PRN insomnia may repeat x1 in one hour if ineffective</p>
Antihistamines	
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 25 mg, PO, cap, q4h, PRN itching *****IF diphenhydrAMINE PO is ineffective or patient is NPO, USE diphenhydrAMINE inj if ordered*****</p>
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 25 mg, IVPush, inj, q4h, PRN itching</p>
Anti-pyretics	
	<p>acetaminophen</p> <p><input type="checkbox"/> 500 mg, PO, tab, q4h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen is ineffective/contraindicated, USE ibuprofen if ordered*****</p> <p><input type="checkbox"/> 1,000 mg, PO, tab, q6h, PRN fever ***Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours*** *****IF acetaminophen is ineffective/contraindicated, USE ibuprofen if ordered*****</p>
	<p>ibuprofen</p> <p><input type="checkbox"/> 200 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.</p> <p><input type="checkbox"/> 400 mg, PO, tab, q4h, PRN fever Do not exceed 3,200 mg in 24 hours. Give with food.</p>
Anorectal Preparations	
	<p>witch hazel-glycerin topical (witch hazel-glycerin 50% topical pad)</p> <p><input type="checkbox"/> 1 app, topical, pad, hemorrhoids, as needed, PRN hemorrhoid care Wipe affected area *****IF witch hazel-glycerin ineffective/contraindicated, USE phenylephrine ointment if ordered*****</p>
	<p>mineral oil-petrolatum-phenylephrine top (Preparation H 14%-74.9%-0.25% rectal ointment)</p> <p><input type="checkbox"/> 1 app, rectally, oint, q6h, PRN hemorrhoid care Apply to affected area *****IF Preparation H ointment ineffective/contraindicated, USE hydrocortisone-pramoxine foam if ordered*****</p>

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