

UMC Health System OB/GYN PRE-OP EPIDURAL PLAN	Patient Label Here
--	---------------------------

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

Set Up for Epidural (FBC Only)

Vital Signs
 Per Unit Standards

Communication

Notify Provider of VS Parameters
 SpO2 Less Than 96%

Notify Provider (Misc)
 Notify Anesthesia, Reason: Notify Anesthesia, Reason: Altered mental status, upper extremity weakness, or any drop in BP less than 80% baseline.

Notify Provider (Misc)
 Notify Anesthesia, Reason: Drainage or bleeding from epidural catheter site.

Notify Nurse (DO NOT USE FOR MEDS)
 Assess epidural catheter site for bleeding and drainage every shift.

IV Solutions

LR (LR bolus)
 500 mL, IVPB, iv soln, ONE TIME 1,000 mL, IVPB, iv soln, ONE TIME

Medications

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

fentaNYL
 100 mcg, epidural, inj, ONE TIME

fentaNYL-bupivacaine (fentaNYL 2 mcg/mL-bupivacaine 0.125% epidural 150 mL)

ropivacaine (ropivacaine 0.2% epidural 200 mL)

naloxone
 2 mg, IVPush, inj, as needed, PRN bradypnea
 For use with OB/GYN epidural

ePHEDrine
 5 mg, IVPush, inj, as needed, PRN hypotension

Respiratory

Continuous Pulse Oximetry

--	--

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

