**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.

<table>
<thead>
<tr>
<th>ORDER</th>
<th>ORDER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit/Discharge/Transfer</td>
<td></td>
</tr>
<tr>
<td>Return Patient to PACU</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Care**

***Patients who are at high risk for obstructive sleep apnea (OSA) AND receive IV sedating medications intra-operative/intra-procedure (EXCLUDING case start sedating medications), or during Phase II recovery, should be, at the discretion of the anesthesia provider, transferred to a higher level of monitoring to PACU***

**Convert IV to INT**

When tolerating PO liquids.

**Communication**

***SPECIAL CONSIDERATION: Phase II (OPS) - Continuous Pulse Oximetry is mandatory for all patients with the following criteria: ASA Score of III or greater, prone positioning, obese patients and patients with a positive High Risk OSA Score***

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

- Continuous Pulse Oximetry
- SpO2 Less Than 92%, Notify anesthesia provider assigned to case

**Notify Provider (Misc)**

- Notify Attending Anesthesiologist and Attending Surgeon, Reason: If unable to wean off O2 after two 15 min Room Air Trials

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

- DISCHARGE: Patient may be discharged when Modified Post Anesthesia Recovery Score (MPAR) is 18 or above, per Department of Anesthesia Guidelines.

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

- DISCHARGE: Requires Anesthesiology Attending evaluation prior to discharge.

**IV Solutions**

<table>
<thead>
<tr>
<th>LR</th>
<th>IV, mL/hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>NS</td>
<td>IV, mL/hr</td>
</tr>
</tbody>
</table>

**Medications**

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

**Medication Management**

- NOW, Start date T:N
- No IV narcotics or IV promethazine to be given Post-Op in OPS.

**ondansetron**

- 0.1 mg/kg, IVPush, soln, ONE TIME, PRN nausea/vomiting, For patients LESS than 40 kg.
- For administration Post-OP in OPS.
- Recommended maximum dose is 4 mg. Administer IVP over 2-5 minutes.

Continued on next page....

Order Taken by Signature: ___________________________ Date __________________ Time ____________________________

Physician Signature: ___________________________ Date __________________ Time ____________________________
**PHYSICIAN ORDERS**

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<td></td>
</tr>
</tbody>
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**Notify Nurse (DO NOT USE FOR MEDS)**

- □ Use surgeon preference for post-operative pain management.

**Laboratory**

**POC Blood Sugar Check**

- □ ONE TIME, on arrival

**Notify Provider (Misc) (Notify Provider of Results)**

- □ Notify anesthesia provider assigned to case, Reason: blood sugar less than _____ or greater than _____.

**Respiratory**

**Oxygen Therapy**

- □ 2-3 L/min, Via: Nasal cannula, Keep sats greater than: 92%
  - Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.
- □ 8 L/min, Via: Simple mask, Keep sats greater than: 92%
  - Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.
- □ 10 L/min, Via: Face tent, Keep sats greater than: 92%
  - Conduct a room air trial prior to discharge; If oxygen saturation is less than 92% resume oxygen therapy and re-trial prior to discharge.

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Order Taken by Signature: ___________________________  Date ___________________________  Time ___________________________

Physician Signature: ___________________________  Date ___________________________  Time ___________________________