

PHYSICIAN'S ORDERS



CULLMAN
REGIONAL

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

OB PCA/Epidural Order Set

1. Medication: Concentration: Route: ☐ IV PCA ☐ CLE/PCA
☐ Demerol 10 mg/ml
☐ Morphine 1 mg/ml
☐ Fentanyl NS with _____ % Ropivacaine
☐ Dilaudid 0.1 mg/ml
2. Dosage: Loading Dose _____ PCA Dose _____ Total Number of
Basal Rate _____/hour Delay _____ minutes 4 hour lockout _____ Doses in 4 hrs _____
3. Vital Signs: BP/RR/HR Routine recovery room protocol, then – check on arrival to floor, then – q 30 minutes x 2, qy 1 hour x 4, then q 4 hours.
4. **Notify Anesthesiologist if patient has:**
 - Inadequate pain relief
 - Nausea/vomiting, itching, urinary retention not relieved by standing order meds
 - Altered mental status/patient difficult to arouse
 - RR < 10/minutes or airway obstruction
 - Any problem with epidural catheter or pump
 - Pinprick analgesia at or above nipple level
5. IV Access: To be maintained while on Epidural/PCA/Regional anesthetic modalities. Heparin lock is appropriate when approved by surgeon or admitting MD.
6. **No other narcotics/sedatives/sleeping meds, except by order of Anesthesiologist.**
7. No one but the patient is to operate the PCA button.

MD Signature: _____ **Date & Time:** _____