

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. ☐

PACU Holding Order Set

1. O₂ as needed _____ L/min per cannula _____ or mask _____.

2. Continue IV fluids _____ LR or _____ NS.

3. Meds per anesthesiologist order,

- ☐ Versed _____ mg IV
- ☐ Fentanyl _____ Mcg IV
- ☐ Ephedrine _____ mg IV for systolic blood pressure < 90
- ☐ Neosynephrine drip (10 mg in 250 ml NS)
- ☐ Zofran 4 mg IV for nausea as first line agent, unless contraindicated.
- ☐ Phenergan 12.5 mg IM for nausea – may repeat x1 in 10 minutes
- ☐ Toradol 30 mg IV for pain x1 dose (if not allergic or history of PUD)
- ☐ Albuterol treatment x 1 PRN

Anesthesia Services of Birmingham

MD Signature: _____ Date & Time: _____

Cullman Regional

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4