

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. ☐

Cullman Regional Anesthesia Services Post Anesthesia Care Unit Order Set

1. O2 as needed - _____ L/min per _____ cannula _____ mask _____ ETT
2. Continue IV fluids
3. Consult Anesthesiologist for all pediatric drug dosages (see Pediatric Order Set)
4. Zofran 4 mg IV PRN for nausea x 1
5. Promethazine (Phenergan) 6.25 mg slow IV push diluted with 10 mL NS for nausea if unrelieved by Ondansetron (Zofran). May repeat x 1 dose for persistent vomiting.
6. Pain Medications:
 - Morphine sulfate 4 mg IV PRN for moderate (scale 4-7) or severe (scale 8-10) pain x 1, then 2 mg IV q10 min for moderate pain (scale 4-7) and a total dose of 12 mg, titrate up to 4 mg per dose for severe pain (scale 8-10) and a total dose of 12 mg. Total dose of Morphine sulfate given _____ in PACU.
 - Dilaudid 0.5 mg IV q 10 minutes for moderate pain (scale 4-7), may titrate up to 1 mg per dose for severe pain (scale 8-10) and a total dose of 2 mg if unrelieved or allergic to Morphine. Total dose of Dilaudid given _____ in PACU.
 - Demerol 12.5 mg IV PRN for shivering x 1
 - Demerol 25 mg IV PRN x 1 for moderate pain (scale 4-7) and or severe pain (scale 8-10) if allergic to Morphine and Dilaudid. May repeat once PRN for moderate (scale 4-7) and severe (scale 8-10) pain.
 - Fentanyl Administer if unrelieved or allergic to Morphine, Dilaudid, and Demerol.
 - Fentanyl 12.5 Mcg IV q 5 minutes for moderate pain (scale 4-7)
 - Fentanyl 25 Mcg IV q 5 minutes for severe pain (scale 8-10)
 - Maximum dosage = 150 Mcg
 - Notify physician for oversedation or when target pain score not achieved at maximum dosage
9. Levsin 0.125 mg 1 – 2 tablet SL for bladder spasm PRN x 1 dose (unless has history of glaucoma).
10. Albuterol 0.083% 3 ml PRN for wheezing x 1.
11. FSBS in PACU on all diabetic patients.
12. Call Cullman Regional Anesthesia Services when ready for D/C or if any problems.

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

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4