



**CULLMAN**  
REGIONAL

## PHYSICIAN'S ORDERS

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

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

### PCA/Epidural Order Set

- |                                   |   |   |
|-----------------------------------|---|---|
| 1. Medication:                    | Concentration:                              | Route: <input type="checkbox"/> IV PCA <input type="checkbox"/> CLE/PCA |
| <input type="checkbox"/> Demerol  | 10 mg/ml                                    |   |
| <input type="checkbox"/> Morphine | 1 mg/ml                                     |   |
| <input type="checkbox"/> Fentanyl | 2500 Mcg/250 cc NS with _____ % Ropivacaine |   |
| <input type="checkbox"/> 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. Post Epidural sign above patient's bed and on front of chart.
4. Vital Signs: BP/RR/HR Routine recovery room protocol, then – check on arrival to floor, then – q 30 minutes x 2, q 1 hour x 4, then q 4 hours.
5. **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
6. Standing Orders:
- **RR < 10 or patient difficult to arouse:**  
Naloxone 0.04 mg IV and notify anesthesiologist. May repeat q 5 minutes x \_\_\_\_\_ if needed.
  - **Itching/Puritis:**  
Mild: ☐ Benadryl 25 mg Po q 4 hours PRN  
☐ Benadryl 12.5 IV q 4 hours PRN  
Severe: Naloxone 0.04 mg IV, and may repeat q \_\_\_\_\_ minutes x \_\_\_\_\_.  
• **Nausea/Vomiting:**  
☐ Zofran 4 mg IV q 4 hours PRN.  
☐ Phenergan 25 mg suppository PR q \_\_\_\_\_ hours PRN not relieved by Zofran.
  - **Urinary Retention:**  
\_\_\_\_\_ Naloxone IV x 1. Call for in and out catheterization order if needed.
7. IV Access: To be maintained while on Epidural/PCA/Regional anesthetic modalities. Heparin lock is appropriate when approved by surgeon or admitting MD.
8. **No other narcotics/sedatives/sleeping meds, except by order of Anesthesiologist.**
9. No one but the patient is to operate the PCA button.
10. Breakthrough Pain:
- ☐ Toradol 15 mg IV q 6 hours x 48 hours, 1<sup>st</sup> dose @ \_\_\_\_\_ if the Creatinine is ≤ 1.5.
  - ☐ Acetaminophen 1 gram IV q 6 hours x 48 hours, 1<sup>st</sup> dose @ \_\_\_\_\_.
11. DC Epidural Catheter two hours before starting Lovenox/Coumadin/Anticoagulant.
12. DC Epidural Catheter 6 hours before starting Xarelto.
13. Prefense monitoring which includes continuous oximetry on any patient who is receiving PCA or Epidural narcotics.
14. CPAP for a sleep apnea patient receiving narcotics and has an oxygen saturation ≤ 91%.

**MD Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_**

Revised: 04/09/18

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

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**DO NOT USE:** U IU QD QOD MS MSO4 MgSO4