



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. ☐

Physician Nerve Block Order Set

1. _____ catheter.
2. 0.2% Ropivacaine, 700 ml in 600 ml On-Q-C-Block Pump
3. Attach ON-Q pump in Recovery.
4. Flow rate _____.
5. Maintain IV or saline lock until catheter removed.
6. Routine post-op vital sign checks.
7. See PCA orders (start only if pain is not relieved by Ropivacaine or other pain medications)
8. Stop Ropivacaine infusion and notify anesthesiologist or call for signs/symptoms of local anesthesia toxicity/confusion.
9. When Ropivacaine infusion discontinued by MD or RN on _____(date/time).

Discontinue all above orders, including PCA

Pain medication per surgeon's orders
10. Titrate flow rate up or down 2 ml/hour as needed for each pain scale (1-3 mild; 4-7 moderate; 8-10 severe)

MD Signature: _____ Date & Time: _____

Cullman Regional

Please use Ball Point Pen ONLY

Physician's Orders

Created: 03/30/2016

DO NOT USE: U IU QD QOD MS MSO4 MgSO4

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