

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. ☐

Pain Clinic Post Procedure Order Set

- Vital Signs initial 5 min x1, q 10 min and record; notify MD if < 80% of pre-anesthetic vital signs
- Continue IV fluids until meets discharge criteria
- Autologous Epidural Blood Patch – **1000 ml IV fluid** prior to discharge unless fluids contraindicated
- O2 PRN _____ L/min ☐ Cannula ☐ Mask: Titrate off
- Begin Po fluids as tolerated following procedure.
Exception: Post Stellate Ganglion Block, wait 30 min, then only water Po as tolerated
- **Fasting Blood Glucose** on all patients treated with Insulin prior to procedure. Notify MD >200 <70
- **Toradol 30 mg IV PRN** pain x1 dose. **Exception:** Allergy, Kidney failure, PUD
- ☐ **Albuterol** ☐ **Atrovent** breathing treatment per Respiratory **now**
- ☐ **OTHER:** _____
- Bedrest
- Autologous Epidural Blood Patch - Supine 30 min post procedure then elevate HOB gradually
- If patient unable to move lower extremities, notify MD, CRNA, or CRNP; Lay flat, assess movement in extremities with vital signs
- If any new onset of numbness post procedure, not present on admission, notify MD, CRNA, or CRNP
- **DISCHARGE when discharge criteria met:**
 - Vital signs stable
 - Absence of respiratory distress
 - Alert and oriented
 - Nausea, vomiting, and dizziness minimal
 - Discharge instructions reviewed
 - Home Medication List given to patient
 - Medications to be withheld prior to next appointment reviewed
 - Return appointment scheduled & patient aware
 - Responsible adult to accompany patient home

☐ Optional ☒ Required

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

Please use Ball Point Pen ONLY

04/15/14

DO NOT USE: U IU QD QOD MS MSO4 MgSO4