

**HOSPITAL
PHYSICIAN ORDER FORM**

PHYSICIANS: All orders should be written generically and using the Metric System; include the physician's signature, PRINTED name, ID Number, beeper number and the date/time. A generically and therapeutically alternative drug as approved by the P & T Committee may be dispensed unless the order is specifically designated "Dispense as Written".

Form Approved by Medical Record Informatics Technology Committee: _____ (Revision 08/06)

FAX **TITLE:** **EPIDURAL ANALGESIA INFUSION ORDERS**
Adults and Children over 5 years of age
MUST USE NON-STANDARD CADD PCA INFUSION PUMP (YELLOW LOCK BOX)

DATE			
TIME	(PLEASE CIRCLE OR CHECK APPROPRIATE ORDERS AND FILL IN BLANKS AS NEEDED)		
DIAGNOSIS:		ALLERGIES:	
Epidural infusion is being managed by: REGIONAL ANESTHESIA ACUTE PAIN MANGEMENT (Pager)			
1. Drug:	<input type="checkbox"/> Bupivacaine 0.125% <input type="checkbox"/> Bupivacaine 0.25% <input type="checkbox"/> Ropivacaine 0.2% <input type="checkbox"/> _____	<input type="checkbox"/> Morphine 0.0025% <input type="checkbox"/> Morphine 0.005% <input type="checkbox"/> Hydromorphone 0.0005% <input type="checkbox"/> Hydromorphone 0.001% <input type="checkbox"/> Meperidine 0.1%	
(Prepare all solutions in 300ml of preservative-free NS)			
2. Continuous infusion rate _____ ml/h			
3. Demand dose: _____ ml			
4. Demand dose lockout: _____ min (Time delay between doses)			
5. One hour limit: _____ ml			
6. Reservoir Volume : <u>300</u> ml			
7. Adjuvant analgesic orders (CHECK BOX AND CIRCLE DOSE BELOW):			
<input type="checkbox"/> Acetaminophen 650 mg OR 1000mg OR _____mg po q6h for pain. <input type="checkbox"/> Other _____			
8. Other medications (CHECK BOX AND CIRCLE DOSE BELOW):			
<input type="checkbox"/> Ondansetron ____ (4) mg IV q6h prn nausea, vomiting, or itching <input type="checkbox"/> Metoclopramide ____ (10) mg IV q6h prn nausea <input type="checkbox"/> Diphenhydramine 12.5 mg OR 25 mg IV q6h prn itching <input type="checkbox"/> Nalbuphine ____ (5) mg IV q6h prn itching			
9. NURSING:- monitor and record RR, BP, P, SaO ₂ , every 15 min for 1h upon initiation or dose changes, q1h for four hours, then q2h x 12 h, then q4h until discontinued			
- record pain location and intensity every four (4) hours - assess and record lower extremity motor and sensory function every four (4) hours - oxygen administration and self inflating bag/mask apparatus at head of bed - notify RAAPM () STAT, for respiratory rate < 10/min, unable to arouse patient, or change in mental status - patient must have patent IV access while receiving epidural infusion - if ambulation is ordered by physician, check BP lying, sitting, and standing prior to first ambulation - Naloxone is located in the ACCUDOSE or CRASH CART if needed			
10. Page RAAPM () if ANTICOAGULANT medications are ordered while epidural catheter is in place (e.g. heparin, warfarin, enoxaparin, dalteparin, fondaparinux). Call for inadequate analgesia, itching or nausea not relieved by medications above, hypotension (systolic BP<90 mmHg), hypoxemia (SaO ₂ < 93% on O ₂), or urinary retention.			
All physician orders for additional opioid (narcotic) analgesics must be written "IN ADDITION TO CURRENT EPIDURAL ORDERS, give _____ mg of _____ IV, or PO."			
DATE:	TIME:		
Physician Computer ID #	Physician SIGNATURE:	PRINT Physician NAME:	Beeper #:
Unit Secretary SIGNATURE:	TIME Sent to Pharmacy:	RN SIGNATURE:	