

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: _____

FAX

TITLE: WOUND BLOCKADE INFUSION ORDERS (ADVANCE PUMP)

DATE			
TIME	(PLEASE CIRCLE OR CHECK APPROPRIATE ORDERS AND FILL IN BLANKS AS NEEDED)		
DIAGNOSIS:	ALLERGIES:		
INFUSE USING ADVANCE Disposable Infusion Pump ONLY			
<input type="checkbox"/> Patient to be discharged to home with infusion pump <input type="checkbox"/> Infusion pump to be discontinued prior to discharge			
Wound blockade infusion is being managed by:			
Service: _____ Pager: _____			
1. Number of catheters, Drug and Continuous Infusion Rate:			
<input type="checkbox"/>	One catheter	Bupivacaine 0.25%	4 ml/hour X1= 4ml/hour
<input type="checkbox"/>	One catheter	Bupivacaine 0.5%	4 ml/hour X1= 4ml/hour
<input type="checkbox"/>	Two catheters	Bupivacaine 0.25%	4ml/hour X 2 = 8ml/hour
<input type="checkbox"/>	Three catheters	Bupivacaine 0.25%	4ml/hour X 1 + 2ml/hour X2 = 8ml/hour
<input type="checkbox"/>	Other: _____		
2. Reservoir Volume:			
<input type="checkbox"/>	200 ml capacity		<input type="checkbox"/> 450 ml capacity
4. Adjuvant analgesic orders (CHECK BOX AND CIRCLE DOSE or FILL BLANKS BELOW):			
<input type="checkbox"/>	Acetaminophen	650 mg OR 1000mg OR _____mg	po q6h ATC for pain.
<input type="checkbox"/>	Ibuprofen	400mg OR 600mg	po q6h ATC for pain.
<input type="checkbox"/>	Celecoxib	200mg	po q12h ATC for pain.
<input type="checkbox"/>	Other _____		
5. Opioid analgesic orders (CHECK BOX AND CIRCLE DOSE or FILL BLANKS BELOW):			
<input type="checkbox"/>	Oxycodone	5mg 10mg 15mg	po q3h prn moderate pain and
<input type="checkbox"/>	Oxycodone	10mg 15mg 20mg	po q3h prn moderate - severe pain
<input type="checkbox"/>	Morphine	2mg 4mg	IV q1h prn pain not controlled with oral analgesics
<input type="checkbox"/>	See IV PCA order sheet for IV pain medications prescribed by managing service		
<input type="checkbox"/>	Other _____		
6. NURSING: - monitor for signs of local anesthetic toxicity; - record pain location and intensity every four (4) hours; - notify prescribing service STAT , for signs/symptoms of local anesthetic toxicity			
DATE:	TIME:		
Physician Computer ID #	Physician SIGNATURE:	PRINT Physician NAME:	Beeper #:
Unit Secretary SIGNATURE:	TIME Sent to Pharmacy:	RN SIGNATURE:	

