

HOSPITAL
EPIDURAL/SPINAL PAIN MANAGEMENT
PHYSICIAN ORDER FORM

ALLERGIES: _____

INSTRUCTIONS: CHECK BOXES FOR ALL ORDERS THAT APPLY. FILL IN ALL BLANK SPACES OF ALL CHECKED ORDERS. WRITE SIGNATURE AND PRINT NAME, TIME AND DATE AT BOTTOM OF FORM.

1st Dose	<input type="checkbox"/>	Epidural Morphine (Duramorph) _____ mg administered at _____ Time _____ Date
	<input type="checkbox"/>	Spinal/Intrathecal Morphine (Duramorph) _____ mg administered at _____ Time _____ Date
Drug Agent	Select Single Agent OR Combination Local Anesthetic AND Narcotic	
	<input type="checkbox"/>	Bupivacaine 0.125%
	<input type="checkbox"/>	Fentanyl 2 mcg/cc
	<input type="checkbox"/>	Fentanyl 5 mcg/cc
	<input type="checkbox"/>	Morphine (Duramorph) 40 mcg/cc
Maintenance Infusion	NURSE Controlled Infusion Device:	
	<input type="checkbox"/>	Physician initiates continuous epidural infusion with ordered agent(s) at _____ cc/hour.
	<input type="checkbox"/>	May increase by 2 cc every 20 minutes to maximum dose _____ cc/hour to control pain.
	PATIENT Controlled Infusion Device (PCEA):	
	<input type="checkbox"/>	1. Physician initiates PCEA with ordered agents at _____ cc/hour.
	<input type="checkbox"/>	2. Program PCEA to administer patient controlled bolus of _____ cc(s).
	<input type="checkbox"/>	3. Program PCEA to lockout patient controlled bolus at 20 minute intervals.
Breakthrough Pain Treatment	<input type="checkbox"/>	NARCOTICS, SEDATIVES OR HYPNOTICS MAY ONLY BE ORDERED BY ANESTHESIOLOGIST UNTIL BOTH THE FOLLOWING CONDITIONS ARE MET: • EPIDURAL INFUSION STOPPED, AND • NO DURAMORPH GIVEN BY BOLUS OR INFUSION WITHIN PAST 16 HOURS.
	<input type="checkbox"/>	Acetaminophen 650 mg <input type="checkbox"/> PO <input type="checkbox"/> Rectally every 4 hours PRN mild pain.
	<input type="checkbox"/>	Ketorolac <input type="checkbox"/> 15 mg <input type="checkbox"/> 30 mg IV every 6 hours PRN x 72 hours mild - moderate pain.
Side Effects Tx	<input type="checkbox"/>	Metoclopramide 10mg IV q 6 hours PRN nausea. If nausea persists after 30 minutes, add Ondansetron 4mg IV q 12 hours PRN nausea. Continue both drugs concurrently to manage nausea.
Resp. Depression	<input type="checkbox"/>	Naloxone 0.1mg (0.25 cc) IV push for respiratory rate less than or equal to 8. Notify physician. May repeat every 1 minute until desired clinical response achieved
Itching	<input type="checkbox"/>	Diphenhydramine <input type="checkbox"/> 25 mg <input type="checkbox"/> 50 mg <input type="checkbox"/> PO <input type="checkbox"/> IVP every 6 hours PRN mild itching.
	<input type="checkbox"/>	Nalbuphine 5 mg IV push every 6 hours PRN for moderate - severe itching If ineffective - Naloxone 0.1 mg (0.25 cc) IV push every 6 hours PRN moderate - severe itching.
Activity	<input type="checkbox"/>	Follow surgeon physician activity orders. (Ambulate only with assistance.)
Monitoring	<input type="checkbox"/>	Following the initiation of an epidural/intrathecal infusion AND after an epidural bolus, monitor B/P, HR, respiratory rate every 5 minutes x 4, then every 15 minutes x 2, then every 1 hour x 2, then every 4 hours.
	<input type="checkbox"/>	Continue monitoring as above x 24 hours after an epidural/intrathecal duramorph bolus and x 1 in 4 hours following discontinuation of an epidural infusion.
	<input type="checkbox"/>	Monitor sensory/motor block every 4 hours (if continuous epidural infusion of bupivacaine).
	<input type="checkbox"/>	Monitor epidural/spinal catheter dressing every 8 hours and PRN. Do not disturb or change dressing, but may reinforce PRN.
Physician Notification	NOTIFY ANESTHESIOLOGIST IMMEDIATELY FOR:	
	<input type="checkbox"/>	Respiratory rate less than or equal to 8
	<input type="checkbox"/>	Neurological/cognitive deterioration (patient stuporous/unarousable/diminished sensation/or ability to move extremities).
	<input type="checkbox"/>	Suspected/actual dislodgement of epidural/spinal catheter.
	<input type="checkbox"/>	To notify the anesthesiologist - page # 1910
Other	<input type="checkbox"/>	For Orthopaedic Post-Operative Physician Orders, hold PM dose of Enoxaparin (Lovenox) on _____; epidural catheter to be removed the following morning; restart Enoxaparin 2 hours after epidural catheter removed.
	<input type="checkbox"/>	

_____ PHYSICIAN SIGNATURE	_____ PHYSICIAN NAME (PRINT)	_____ ME DATE
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