### UNIVERSITY OF MEDICAL CENTER

Pre-Printed Physician Orders for Anesthesiology Order
in PACU/ASCU

#### MEDICATION ORDERS

<table>
<thead>
<tr>
<th>R1</th>
<th>ORDER NOTED</th>
<th>VERBAL ORDER</th>
<th>FIRST Dose TIME</th>
<th>D/C Date</th>
<th>NURSE'S SIGNATURE</th>
<th>MD SIGNATURE</th>
<th>MD SIG ND</th>
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<tbody>
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- **Morphine Sulfate**
  - Hold for RR < 12/min or RASS - 2
  - May have total of
  - IV: q ___ min.

- **Fentanyl**
  - Hold for RR < 12/min or RASS - 2
  - May have total of
  - IV: q ___ min.

- **Dexmedetomidine**
  - Hold for RR < 12/min or RASS - 2
  - May have total of
  - IV: q ___ min.

- **Diazepam**
  - Hold for RR < 12/min or RASS - 2
  - May have total of
  - IV: q ___ min.

- **Morphine Sulfate / Fentanyl drip**
  - IV: q ___ mg/hr

<table>
<thead>
<tr>
<th>DATE</th>
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#### NON-MEDICATION ORDERS

<table>
<thead>
<tr>
<th>DATE TIME</th>
<th>NURSE</th>
<th>ALLERGIES</th>
</tr>
</thead>
<tbody>
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- **Vital signs (Per PACU policy)**
  - Continuous ECG monitor and pulse oximetry
  - while in Adult PACU.
  - Continuous ETCO2 monitor if ventilated.

- **Supplemental Oxygen**
  - Nasal Cannula __ l/min
  - % Face Mask
  - Face Tent
  - Trach Collar
  - Other:

- **Wean O2 therapy per PACU policy**
  - Ventilator Setting
  - Mode: □ Pressure Support:
  - □ IMV: □ Pressure Control:
  - □ PEEP: □ FiO2: __ for SpO2 > 95%

- **Wean to extubate per protocol**
  - □ Restraint

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MD Signature: __________ Date: ______ Time: ______

(rev. 07/05)
UNIVERSITY OF MENDICENTER
DEPARTMENT OF PHARMACY SERVICES - PRESCRIBER'S ORDER

1. All orders for anticoagulant agents must be written on the Anticoagulant Order Form.
2. All IV nutritional therapy must be written on the appropriate Parenteral Nutrition Order Form.
3. All systemic antimicrobials must be ordered on the Antimicrobial Order Form.
4. All patient controlled analgesia and epidurals should be ordered on the Acute Pain Management Service (APMS) Form.
5. All Pediatric patients require weight-based dosing for medication.

PLEASE NOTE: It is required that the Prescriber's signature is provided on each Order. For multiple Orders in one Order session, it is required that the Prescriber's printed name, order number, and ID # are provided on the first Order of each page of multiple Orders. All end of Ordering session, "X-out" is never used.

<table>
<thead>
<tr>
<th>WEIGHT</th>
<th>HEIGHT</th>
<th>ALLERGY</th>
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</thead>
</table>

**IMPRINT ORDER**

**PATIENT UI**

**Physician's Order**

**Medication and IV Fluid Orders**

<table>
<thead>
<tr>
<th>Code</th>
<th>Transfer</th>
<th>Admit</th>
<th>Post OP</th>
<th>Verbal Order/Read Back Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
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<tr>
<td>R2</td>
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<td>R3</td>
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<tr>
<td>R5</td>
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</table>

**Date**

**Time**

**Prescriber's Printed Name**

**Prescriber's Card**

**Prescriber's ID**

**Medication and IV Fluid Details**

- Medication or Fluid (Generic Name)
- Dose or Unit
- Route
- Frequency
- Indication

**Nurse's Signature**

**Non-Medication Orders**

For ordering physician consults and for procedures/tests not yet available through PowerChart. For all other Orders, please use PowerChart.

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<tr>
<th>Date</th>
<th>Time</th>
<th>Non-Medication Orders</th>
<th>Prescriber's Signature</th>
<th>Prescriber's ID</th>
<th>Nurse's Signature</th>
</tr>
</thead>
</table>

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