**INITIAL APS ORDERS**

**Epidural & Intrathecal Pain Management**

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**Allergies:**
- No PO, IM, or IV narcotics or sedatives to be given to the patient unless ordered by a member of the APS.
- Have an APS drug pack immediately available on the unit.
- Administer oxygen 2 L/min via nasal cannula during APS management and following discontinuation of APS pain management PRN (as needed).
- Monitoring per protocol.

### MEDICATION (Narcotic Orders must be rewritten every 72 hours)

Maintain the following continuous infusion via the EPIDURAL catheter:

<table>
<thead>
<tr>
<th>No.</th>
<th>Medication</th>
<th>Concentration</th>
<th>Rate (ml/hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Levo-bupivacaine (Chirocaine)</td>
<td>0.125% (1/8th)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Levo-bupivacaine (Chirocaine)</td>
<td>0.1% (1/10th)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Levo-bupivacaine (Chirocaine)</td>
<td>0.0625% (1/16th)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Levo-bupivacaine (Chirocaine)</td>
<td>0.125% (1/8th)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Ropivacaine (Naropin)</td>
<td>0.2% (1/5th)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Ropivacaine (Naropin)</td>
<td>0.1% (1/10th)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ropivacaine (Naropin)</td>
<td>0.2% (1/5th)</td>
<td></td>
</tr>
</tbody>
</table>

**TREATMENT OF BREAKTHROUGH PAIN:**

For pain score of greater than 4 while at rest, increase infusion rate at __________ ml per __________ as needed, not to exceed __________ ml/hr.

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**TREATMENT OF SIDE EFFECTS**

1. If the patient has a sedation score of 3-5 or a RR (respiratory rate) less than or equal to 10, do the following:
   - Give Narcan 0.1 mg IV push every 2 min until sedation score is 1-2 and RR greater than 10; Notify APS.

2. Treatment of Pruritis:
   - Give Narcan 0.1 mg IV push every 30 min prn x 4 doses. If pruritis returns, may give Revex 10 mcg IVP every 2-5 min (may repeat 5x).

3. Treatment of Nausea & Vomiting:
   - Administer metoclopramide HCl 10 mg slow IV push; if effective, repeat every 6 hrs prn nausea and / or vomiting.
   - If metoclopramide not effective within 30 min, give ondansetron 2 mg slow IV push (may repeat 1x in 10 min if first dose not effective).

4. Urinary Retention:
   - Notify private attending and APS.

5. HR and BP:
   - If patient has orthostatic hypotension, (decrease in systolic BP less than 20% and / or increase in HR greater than 20 bpm from baseline), stop infusion; notify APS.
   - For decrease in HR greater than 20% from baseline; notify APS.

6. For sensory level above T8 (lower ribs), numbness or tingling in fingers, or if sensory level has not changed for greater than 4 hrs, stop the infusion; notify APS.

7. For motor function of 0-2 (having difficulty or unable to move toes and / or bend knees), stop infusion; notify APS.

8. If signs or symptoms of local anesthetic toxicity, stop the infusion; notify APS.

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**WHEN ANESTHESIA ASSISTANCE IS NEEDED STAT:**

1. Call STAT (202) 555 - 1212
2. Overhead Page Anesthesia
3. Call the Operating Room to request Anesthesia assistance

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**Questions? Call Anesthesia Pain Service (202) 369-7580**

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Nurse’s Signature ____________________________ Doctor ____________________________, M.D.