

AUTOMATIC STOP ORDERS

- ORAL ANTICOAGULANTS— AFTER 24 HOURS
- INJECTABLE ANTICOAGULANTS
OXYTOCICS AFTER 5 DAYS
- CONTROLLED SUBSTANCES
(i.e. Schedule II, III, IV, V) AFTER 5 DAYS
- ANTIBIOTICS (Documented Infection) AFTER 5 DAYS
- CORTISONE PRODUCTS— AFTER 5 DAYS

MD Date of Order	Hour of Order	Nurse's Signature	<p style="font-size: small;">NURSE: PLEASE X IN COLUMN ON LINE, FOR MEDICATIONS REQUIRED FROM PHARMACY PHYSICIAN MUST ENTER DATE, HOUR, AND SIGN EACH SET OF ORDERS.</p>
			<p style="color: red; font-weight: bold;">Pediatrics/Neonates: Weight (Kg) _____ Gestational Age (Premature Infants Only) _____</p> <p style="color: red; font-weight: bold;">Postmenstrual Age (Premature Infants Only) _____</p> <p style="color: red; font-weight: bold;">ALLERGIES:</p> <p style="font-weight: bold; color: blue;">POST-OP ANESTHESIA ORDERS (check all that apply)</p> <p>I. Respiratory</p> <p><input type="checkbox"/> 1. Ventilator: FiO₂ _____ Rate _____ TV _____ Mode _____ PEEP _____ Peak Insp. Pressure _____</p> <p><input type="checkbox"/> 2. O₂ _____ % T-piece.</p> <p><input type="checkbox"/> 3. O₂ (circle one) _____ % face mask; _____ 1/min nasal cannula.</p> <p><input type="checkbox"/> 4. O₂ to floor: 2 1/min nasal cannula prn O₂ sat < 92%.</p> <p>II. Pain Management</p> <p><input type="checkbox"/> 1. See orders (circle one): PCA; Epidural; other _____.</p> <p><input type="checkbox"/> 2. Morphine _____ mg IVP q _____ min x _____ dose(s), prn pain score ≥ _____ (morphine dilution 4-10 mg in 4-5 ml H₂O, given over 4-5 minutes.)</p> <p><input type="checkbox"/> 3. Toradol _____ mg IVP (over >15 seconds) x 1 dose prn pain score ≥ _____</p> <p><input type="checkbox"/> 4. Tylenol _____ mg x 1 dose now (circle one): PO; PR.</p> <p><input checked="" type="checkbox"/> 5. Page Anesthesiologist for post medication pain score ≥ 4.</p> <p>III. Antiemetic</p> <p><input type="checkbox"/> 1. Compazine _____ mg x 1 dose prn N/V (circle one): IM; PR.</p> <p><input type="checkbox"/> 2. Reglan _____ mg IV (over 1-2 minutes) x 1 dose prn N/V.</p> <p><input type="checkbox"/> 3. (circle one): Anzemet; Zofran; _____ mg IV (over 2-5 minutes) x 1 dose prn N/V.</p> <p>IV. Temperature</p> <p><input type="checkbox"/> 1. _____</p> <p><input checked="" type="checkbox"/> 2. Bair Hugger for T ≤ 95 degrees.</p> <p>V. Laboratory</p> <p><input type="checkbox"/> 1. CXR stat for _____</p> <p><input type="checkbox"/> 2. EKG stat for _____</p> <p><input type="checkbox"/> 3. Blood work stat stat for _____</p> <p><input checked="" type="checkbox"/> 4. Page Anesthesiologist with results of above ordered lab tests, prior to PACU discharge</p> <p>VI. Other</p> <p><input type="checkbox"/> 1. Discontinue arterial line, when patient ready for transfer.</p> <p><input type="checkbox"/> 2. _____</p> <p><input type="checkbox"/> 3. _____</p> <p style="text-align: right; font-size: small;">Anesthesiologist</p>

DO NOT WRITE IN THIS AREA

THIS SPACE IS FOR PHARMACY

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8/27/02