**INPATIENTS ONLY:**

- **Fentanyl** __________ mcg IV for pain rated 4-10/10. If pain rating remains 4-10, may repeat dose every every 5 minutes ______ times.

**THEN, If pain continues:**

- **Morphine sulfate** __________ mg IV for pain rated 4-10/10. If pain rating remains 4-10, may repeat dose every 10 minutes ______ times.

**OUTPATIENTS ONLY:**

- **Fentanyl** __________ mcg IV for pain rated 4-10/10. If pain rating remains 4-10, may repeat dose every every 5 minutes ______ times.

**THEN, Prior to discharge:**

- **Oxycodone and Acetaminophen (Percocet) 5-325mg (Percocet) 1 tab PO for pain rated less than or equal to 4-10 OR 2 tabs for pain rated 5-10/10 x 1**
- **Acetaminophen and Codeine Phosphate (Tylenol #3) 1 tab PO for pain rated less than or equal to 4/10 OR 2 tabs for pain rated 5-10/10 x 1**

**ANTIEMETICS:**

- **Ondansetron Hydrochloride (Zofran) 4 mg IV x1. If unrelieved after ______ min, then administer:**
- **Metoclopramide hydrochloride (Reglan) 10 mg IV x1. If unrelieved after ______ min, then administer:**
- **Dexamethasone 4 mg IV x1. OR Dexamethasone 8 mg IV x1. If unrelieved after ______ min, then administer:**
- **Prochlorperazine (Compazine) 5 mg IV x1. May repeat x1.**

**ADDITIONAL ORDERS:**

- Fingerstick blood sugar
- Discharge to: [ ] Nursing Unit [ ] ICU [ ] Home

**PHYSICIAN ORDERS**

**POST-OPERATIVE**

**ANESTHESIA PACU ORDERS**