**HOSPITAL**
**EPIDURAL/SPINAL PAIN MANAGEMENT**
**PHYSICIAN ORDER FORM**

### ALLERGIES:
- [ ] Epidual Morphine (Duramorph) ______ mg administered at ______ Time ______ Date
- [ ] Spinal/Intrathecal Morphine (Duramorph) ______ mg administered at ______ Time ______ Date

### Drug Agent
**Select Single/Agent OR Combination Local Anesthetic AND Narcotic**
- [ ] Bupivacaine 0.125%
- [ ] Fentanyl 2 mcg/cc
- [ ] Fentanyl 5 mcg/cc
- [ ] Morphine (Duramorph) 40 mcg/cc

### Nurse-controlled Infusion Device
- [ ] Physician initiates continuous epidural infusion with ordered agent(s) at ______ cc/hour.
- May increase by 2 cc every 20 minutes to maximum dose ______ cc/hour to control pain.

### Patient-controlled Infusion Device (PCEA)
1. [ ] Physician initiates PCEA with ordered agent at ______ cc/hour.
2. [ ] Program PCEA to administer patient controlled bolus of ______ cc(s).
3. [ ] Program PCEA to lockout patient controlled bolus at 20 minute intervals.

### Breakthrough Pain Treatment
- [ ] Acetaminophen 650 mg [ ] PO [ ] Rectally every 4 hours PRN mild pain.
- [ ] Ketorolac [ ] 15 mg [ ] 30 mg IV every 6 hours PRN x 72 hours mild - moderate pain.

### Nausea
- [ ] 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.

### Sedatives or Hypnotics
- 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.

### Side Effects to Anticipate
- [ ] Diphenhydramine [ ] 25 mg [ ] 50 mg [ ] PO [ ] IV push every 6 hours PRN mild itching.
- [ ] 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 for moderate - severe itching.

### Activity
- [ ] Follow surgeon physician activity orders. (Ambulate only with assistance.)

### Monitoring
- [ ] 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.
- Continue monitoring above x 24 hours after an epidural/intrathecal duramorph bolus and x 1 in 4 hours following discontinuation of an epidural infusion.
- Monitor sensory/motor block every 4 hours (if continuous epidural infusion of Bupivacaine).
- Monitor epidural/spinal catheter dressing every 3 hours and PRN. Do not disturb or change dressing, but may reinforce PRN.

### Notify Anesthesiologist Immediately For:
- Respiratory rate less than or equal to 8
- Neurological/cognitive deterioration (patient stuporous/unarousable/diminished sensation/or ability to move extremities)
- Suspected or actual dislodgement of epidural/spinal catheter
- To notify the anesthesiologist - page # 1910

### Other
- For Orthopaedic Post-Operative Physician Orders, hold PM dose of Exoxaprin (Lovenox) on ______; epidural catheter to be removed the following morning; restart Exoxaprin 2 hours after epidural catheter removed.

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**PHYSICIAN SIGNATURE**

**PHYSICIAN NAME (PRINT)**

**ME**

**DATE**