**PHYSICIAN’S ORDER**

(Excluding IV Fluids and Medications)

**DATE:** ____________ **TIME:** ____________

**Monitoring:**
- ( ) Vital signs, I&O, Cardiac monitor, Pulse oximetry, Extubation per Operating Room Post Anesthesia Patient Care Policy. #6331-IIE-09 #6331-IIE-11 #6331-IIE-12
- ( ) Bair Hugger for hypothermia or shivering.
- ( ) Discharge when Post Anesthesia patient discharge criteria met. Operating Room Policy #6331-IIE-10

**Oxygenation:**
- ( ) If patient had General anesthesia apply oxygen via face mask or non-rebreather mask at 10 L/min; If patient had MAC anesthesia apply 2-4 L/min via nasal cannula, Discontinue O2 if patient is alert. If O2 saturation below 92% start O2 by nasal cannula at 2L, may increase 1L every minute up to 6L. Call anesthesiologist if O2 saturation not maintained on 6L. May discharge to floor on O2 2-4L NC when O2 saturation maintained above 92%

**Labs:**
- ( ) CBC Stat
- ( ) Hct/Hgb Stat
- ( ) CHEM 7 Stat
- ( ) Portable Chest X-ray Stat
- ( ) ABG Stat
- ( ) ABG Q 30mins post intubation
- ( ) EKG
- ( ) Finger stick blood glucose (Accucheck) upon arrival at PACU, Notify anesthesia provider if greater than 250mg/dL or less than 80mg/dL

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**INTRAVENOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

**Intravenous Fluid:**
- ( ) Lactated Ringer’s 1L at:_____mL/hr or titrate to effect:_____maximum if desired
- ( ) 0.9% Normal Saline 1L at:_____mL/hr or titrate to effect:_____maximum if desired
- ( ) ______________ 1L at:_____mL/hr or titrate to effect:_____maximum if desired

**Analgesia:**
- ( ) Fentanyl:____mcg IV every:____minutes PRN pain scale greater than 3, maximum:____mcg
- ( ) Meperidine (Demerol):____mg IV every:____minutes PRN pain scale greater than 3, maximum:____mg
- ( ) Morphine:____mg IV every:____minutes PRN pain scale greater than 3, maximum:____mg
- ( ) Hydromorphone (Dilaudid):____mg IV every:____minutes PRN pain scale greater than 3, maximum:____mg
- ( ) Ketorolac (Toradol) 30mg IV or IM x1 dose
- ( ) Call Anesthesia for pain uncontrolled by narcotics.

**Shivering:**
- ( ) Meperidine (Demerol):____mg IV PRN shivering, may repeat 1x dose

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**DO NOT USE:**

<table>
<thead>
<tr>
<th>DO NOT USE</th>
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<tbody>
<tr>
<td>U</td>
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<td>IU</td>
<td>MSO₄</td>
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<td>Q.D.</td>
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<td>Trailing zero</td>
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<td>Lack of leading zero</td>
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**Physician’s Order Form**

**Routine Post Anesthesia Care Orders**

Guam Memorial Hospital Authority
Page 1 of 3 Rev 3/16 Approved: ANES 3/16, P&T 3/16, MEC 3/16, HIMC 5/16
FORM# 524 Stock #990524
|**PHYSICIAN’S ORDER**  
(EXCLUDING IV Fluids and MEDICATIONS) |  
| DATE: _____________ TIME: _____________ |  

**Ventilator setting for intubated patients:**  
- AC  
- PSV  
- SIMV  
- CPAP  
Rate: ___ breaths/min  
Tidal Volume: ___ mL  
FiO2: ___%  
PEEP: ___ cmH20  
Peak inspiratory pressure: ___ cmH20  

**Target Richmond Agitation Sedation Scale (RASS) Sedation Protocol:**  
- ( ) 0 = Alert and Calm  
- ( ) -1 = Drowsy (Not fully alert, sustained awakening >10 sec to voice)  
- ( ) -2 = Light Sedation (Briefly awakens with eye contact to voice <10 sec)  
- ( ) -3 = Moderate Sedation (Movement or eye open to voice)  
- ( ) -4 = Deep Sedation (No response to voice, but eye open or movement upon physical stimulation)  

For additional orders:  
( ) ______________________________________  
( ) ______________________________________  

**INTRAVENTOUS FLUID and MEDICATION ORDERS**  

**ALLERGY:**  

**Antiemetics:** PRN Nausea and or vomiting (Pick no more than one in each category)  

**First dose:**  
- ( ) Ondansetron (Zofran) 4mg IV  
- ( ) Metoclopramide (Reglan) 10mg IV  
- ( ) Dexamethasone (Decadron) 4mg IV  
- ( ) Other: _____________________________  

**Second dose:**  
- ( ) Ondansetron (Zofran) 4mg IV  
- ( ) Metoclopramide (Reglan) 10mg IV  
- ( ) Dexamethasone (Decadron) 4mg IV  
- ( ) Other: _____________________________  

**Third dose:**  
- ( ) Ondansetron (Zofran) 4mg IV  
- ( ) Metoclopramide (Reglan) 10mg IV  
- ( ) Dexamethasone (Decadron) 4mg IV  
- ( ) Other: _____________________________  

( ) Contact anesthesia provider for additional orders if third dose necessary in PACU  

**Hypertension:**  
- ( ) Labetalol: ___ mg IV every 5 min PRN for SBP greater than: ___ mmHg and HR greater than 60 BPM, Max dose ___ mg  
- ( ) Hydralazine: ___ mg IV every 10 min PRN for SBP greater than: ___ mmHg and HR less than 60 BPM, Max dose ___ mg  
- ( ) Nifedipine: 10 mg SL x1 for SBP greater than ___ mmHg  
- ( ) ______________________________________  

**SUMMARY/BLANKET ORDERS ARE UNACCEPTABLE.**  
**MEDICATION ORDERS MUST BE COMPLETE.**  
**PRN MEDICATION ORDERS MUST INCLUDE AN INDICATION.**  
**WRITE LEGIBLY.**  
**REWRITE ORDERS UPON TRANSFER AND/OR POST-OPERATIVELY.**  
**DATE, TIME, AND SIGN VERBAL & TELEPHONE ORDERS WITHIN 48 HOURS.**  

**Physician’s Order Form**  
**Routine Post Anesthesia Care Orders**  
Guam Memorial Hospital Authority  
FORM# 524 Stock #990524
**PHYSICIAN’S ORDER**

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

**Inhaler:**
- ( ) Albuterol 2.5mg unit dose by hand held nebulizer every 20 minutes PRN for wheezing or shortness of breath x2 doses. Call anesthesia provider if more than two doses required

**Sedation Drips: Per Protocol**
- ( ) Propofol (Diprivan)
- ( ) Midazolam (Versed)
- ( ) Ketamine (Ketalar)
- ( ) Lorazepam (Ativan)

**Analgesic Drips: Per Protocol**
- ( ) Morphine
- ( ) Fentanyl
- ( ) Hydromorphone (Dilaudid)

**Increase Sedation Intervention**
- ( ) Naloxone (Narcan):____mg IV every ___minutes PRN increase sedation maximum:____mg

- ( ) Romazicon (Flumazenil):____mg IV every:____ minutes PRN increase sedation maximum:____mg

Anesthesia provider:_________________________ (Print)

Signature:_________________________

Date:____/____/____  Time:______

- Summary/Blanket orders are unacceptable.
- Medication orders must be complete.
- PRN medication orders must include an indication.
- Write legibly.
- Rewrite orders upon transfer and/or post-operatively.
- Date, time, and sign verbal & telephone orders within 48 hours.

**DO NOT USE:**

- U  MS
- IU  MSO₄
- Q.D.  MgSO₄
- Q.O.D.  Trailing zero
- Lack of leading zero

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**Physician’s Order Form**

**Routine Post Anesthesia Care Orders**

Guam Memorial Hospital Authority


FORM# 524 Stock #990524