**Physician’s Order Form-Routine Post-Neuraxial Anesthesia Orders**

Guam Memorial Hospital Authority

Revised 2/16 Approved: ANES 3/16, P&T 3/16, MEC 3/16, HIMC 5/16

**FORM# CPOE-037**

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**PHYSICIAN’S ORDER**

*(EXCLUDING IV Fluids and MEDICATIONS)*

**Routine Post-Neuraxial Anesthesia Orders**

**DATE:** _______________  **TIME:** _______________

**Monitoring**

- ( ) Continuous pulse oximeter monitoring for 24 hours and record
- ( ) Vital signs every 1 hour for 24 hours and record
- ( ) If respiratory rate less than 8 per minute, give 10 Liters per minute oxygen per face mask and call anesthesia provider
- ( ) Oxygen flowmeter and adapter with ambubag must be available at bedside
- ( ) Maintain patent IV access
- ( ) ___________________________________________

**Intravenous Fluid and Medication Orders**

**ALLERGY:**

( ) Narcan 40 microgram IV every six hours PRN itching x3 doses

( ) Zofran 4 mg IV every six hours PRN nausea / vomiting

( ) Acetaminophen one gram PO every six hours x4 doses

( ) Toradol 30 mg IV every six hours x4 doses

( ) If patient is heavily sedated and minimally responsive with respirations less than 9 per minute, administer Narcan 0.4 mg IV one dose and call anesthesia provider

( ) __________________________________________

( ) __________________________________________

Anesthesia Provider: __________________________

Print

Signature: __________________________

Date: ____________ Time: ____________

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**DO NOT USE:**

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

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**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.