

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)		INTRAVENOUS FLUID and MEDICATION ORDERS
<p>Routine Post-Neuraxial Anesthesia Orders</p> <p>DATE: _____ TIME: _____</p> <p>Monitoring</p> <p><input type="checkbox"/> Continuous pulse oximeter monitoring for 24 hours and record</p> <p><input type="checkbox"/> Vital signs every 1 hour for 24 hours and record</p> <p><input type="checkbox"/> If respiratory rate less than 8 per minute, give 10 Liters per minute oxygen per face mask and call anesthesia provider</p> <p><input type="checkbox"/> Oxygen flowmeter and adapter with ambubag must be available at bedside</p> <p><input type="checkbox"/> Maintain patent IV access</p> <p><input type="checkbox"/> _____</p> <div style="background-color: #cccccc; width: 100%; height: 150px; margin-top: 20px; position: relative;"> </div>	IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY IVF and MEDICATION ORDERS ONLY	<p>ALLERGY:</p> <p><input type="checkbox"/> Narcan 40 microgram IV every six hours PRN itching x3 doses</p> <p><input type="checkbox"/> Zofran 4 mg IV every six hours PRN nausea / vomiting</p> <p><input type="checkbox"/> Acetaminophen one gram PO every six hours x4 doses</p> <p><input type="checkbox"/> Toradol 30 mg IV every six hours x4 doses</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Anesthesia Provider: _____</p> <p style="text-align: right; margin-right: 50px;">Print</p> <p>Signature: _____</p> <p>Date: _____ Time: _____</p> <div style="background-color: #cccccc; width: 100%; height: 100px; margin-top: 20px; position: relative;"> </div>

- ✓ 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	MSO ₄
Q.D.	MgSO ₄
Q.O.D.	Trailing zero
Lack of leading zero	

Physician's Order Form-Routine Post-Neuraxial Anesthesia Orders

PATIENT ID LABEL