

(Check boxes/ fill in to activate. Line through to cancel pre-checked orders)

Allergies: NKDA _____

One -Time Medication:

Medication/ Dose:	Route:	
<input type="checkbox"/> fentaNYL _____ mcg	<input type="checkbox"/> epidural	fentaNYL time given: _____
<input type="checkbox"/> morphine (DURAMORPH) _____ mg	<input type="checkbox"/> intrathecal	morphine time given: _____

NURSING INTERVENTIONS:

Vital Signs:

- Respiratory rate and sedation scale every hour X 12 hours, then every 4 hours X 12 hours
- Pain scale every 2 hours X 24 hours

Activity:

- As tolerated

Notify Physician if: (For the first 8 hours post c-section, contact anesthesiologist. After 8 hours, contact attending physician)

- Respiratory rate less than 8 but patient arousable; administer O₂ at 3 L/ M via nasal cannula or facemask. Monitor SaO₂ with pulse oximetry
- Sedation scale equal to zero but patient arousable; administer O₂ at 10 L/ M via facemask **AND** administer naloxone (NARCAN)
- Pain scale greater than or equal to 3 or pain scale increases by 2 or more within the first 8 hours
- Subsequent narcotics or other CNS depressants required within first 8 hours

IV THERAPY:

- Maintain IV access for at least 24 hours

MEDICATIONS:

<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) 25 mg IV every 4 hours PRN	Pruritis
<input checked="" type="checkbox"/> nalbuphine (NUBAIN) 2.5 – 5 mg IV every 6 hours PRN (2nd choice if diphenhydrAMINE ineffective)	
<input checked="" type="checkbox"/> naloxone (NARCAN) 0.4 mg IV STAT X 1. May repeat naloxone (NARCAN) 0.2 mg IV every 3 minutes PRN	Sedation scale equal to zero
naloxone (NARCAN) <input type="checkbox"/> 400 mcg <input type="checkbox"/> 800 mcg in Normal Saline 250 mL IV to infuse at 30 mL/ hour X 1 bag	Pruritis
<input type="checkbox"/> ketorolac (TORADOL) 30 mg IV every 6 hours X 24 hours	Moderate Pain
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg IV every 6 hours PRN If ondansetron ineffective, nalbuphine 2.5 - 5 mg IV every 6 hours PRN	Nausea & Vomiting
<input type="checkbox"/> scopolamine (TRANSDERM SCOP) patch 1.5 mg apply behind ear X 1	
If scopolamine patch applied preop or postop, remove in 72 hours, or earlier if significant sedation or anticholinergic symptoms occur	

Other: _____

Physician Signature

Date

Time

P H Y S I C I A N O R D E R



C-SECTION POST-OP ANESTHESIA ORDERS

P0054B (Rev 1111) White – Chart/ Scan to Pharmacy