

Allergies: _____ NKDA Admit directly to secondary recovery

A. NURSING CARE:

- O₂ 8 - 10 L/min by mask or 2 - 6 L/min by nasal cannula to keep SpO₂ greater than 93%. May apply cool mist on children with croup after consultation with anesthesiologist. Discharge inpatients with SpO₂ less than 93% on room air with O₂ 2 - 5 L/min by nasal cannula. Consult anesthesiologist about outpatients with SpO₂ less than 93% at time of discharge
- Use pulse oximeter, BP monitor and cardiac monitor during Acute Stage Recovery.
For pediatric patients: After initial reading, monitors may be used per anesthesiologist discretion.
- Continue present IV solution until completed. For inpatients, refer to post op orders for subsequent IV therapy.
For outpatients, the subsequent IV should be 500 – 1000 mL Lactated Ringers at TKO or ____ at ____mL/hr unless post op orders written by surgeon. DC IV once patient is stabilized based upon discharge criteria. Consult attending anesthesiologist for additional fluid orders for outpatients who are vomiting.
- May in/out cath for inability to void with distended bladder
- For shivering/muscle fasciculations/low temperature:
Temp less than 36° C initiate warming techniques first then re-evaluate before treating with Meperidine (**Demerol**)
15 – 64 years and T greater than 36° C and RR greater than 10/min treat with Meperidine (**Demerol**) 10 - 25 mg IV MR X 1 after 5 min PRN
- Patients may be discharged from Acute Phase of Recovery when Aldretti Score is 8 or above and patient otherwise stable
- Patients with a brachial block or other regional anesthetic may be discharged home if asymptomatic and stable.
Use sling for affected extremity
- Outpatients may be discharged home after the discharge criteria has been met, following general or spinal anesthetic.
If criteria not satisfied, the anesthesiologist and the attending physician must be consulted before discharge
- If an outpatient requires admission, notify first call anesthesiologist if patient's primary anesthesiologist is not available
- For patients with new central line, chest X-Ray in PACU OK to use central line

B. MEDICATION THERAPY: P&T Approved Substitution

Naloxone (Narcan) 0.1 mg IV every 3 minutes for reversal of respiratory depression caused by narcotic. Dilute 1 amp (0.4 mg) with 3 mL sterile water to provide 0.1 mg/mL concentration. For pediatric patient, give 0.01 mg/kg IV.	Respiratory Depression
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ADULTS (15 years or older)

Start with Fentanyl, then Morphine, then Hydromorphone (Dilaudid) - unless allergic or ineffective		
Fentanyl 25 - 50 mcg IV every 3 minutes PRN.....	[Max 150mcg]	Moderate to Severe Pain IV
Morphine 1 - 5 mg IV every 2 - 5 minutes PRN.....	[Max 20 mg]	
Hydromorphone (Dilaudid) 0.2 - 1mg IV every 2 - 5 minutes PRN.....	[*Max 4 mg]	
Acetaminophen (Tylenol) 325 – 650 mg PO every 4 hrs PRN.....	[*Max 2 tablets]	Mild Pain PO
If heart rate greater than 60 use Labetalol (Normodyne) 5 - 10 mg IV initially, may repeat 10 - 20 mg every 10 min DO NOT GIVE IN AV BLOCK OR FOR ASTHMATIC PATIENTS		Hypertension
If heart rate less than 60 call anesthesiologist [*Max 300 mg]		
Start with (Zofran/Anzemet), then Metoclopramide (Reglan), Promethazine (Phenergan) – unless allergic or ineffective		
<input type="checkbox"/> Ondansetron (Zofran) 4 mg or Dolasetron (Anzemet) 12.5 mg x 1 IV PRN Metoclopramide (Reglan) 10 mg IV over 2 minutes X 1, if (Zofran/Anzemet) ineffective Promethazine (Phenergan) 12.5 mg IV over 2 minutes X 1, if Metoclopramide (Reglan) ineffective		Nausea or Vomiting
Midazolam (Versed) 0.5 - 2 mg IV every 3 - 5 minutes PRN.....	[*Max 4 mg]	Agitation, Restlessness, Anxiety, Incisional Spasm (DO NOT SEDATE if SpO ₂ < 93%)
Lorazepam (Ativan) 0.5 - 1mg IV/PO every 4 hrs PRN..... (if Midazolam (Versed) ineffective AND inpatient)	[*Max 1 mg]	
Midazolam (Versed) 1 - 4 mg IV (give 1 - 2 mg increments every 5 min PRN).....	[*Max 4mg]	Emergence Delirium or Electro-Convulsive Therapy (ECT) Agitation
Call attending anesthesiologist if inadequate control of agitation		

PEDIATRIC Pain Management (14 years or younger)

Start with Morphine, then Fentanyl - unless allergic or ineffective		
Morphine 0.05 mg/kg IV every 5 minutes PRN.....	[Max 0.1 mg/kg]	Moderate to Severe Pain IV
Fentanyl 0.5 – 1 mcg/kg IV every 5 – 10 minutes PRN.....	[*Max 2 mcg/kg]	
Codeine 0.5 – 1 mg/kg orally every 4 hrs PRN (for over 1 year of age) PRN.....	[*Max 1 mg/kg]	Mild Pain PO

* Contact Anesthesiologist for orders when max reached

- Other: _____
- Discontinue all above orders upon discharge from recovery

Physician Signature

Date

Time



ANESTHESIA POST OPERATIVE ORDERS

P0161A (Rev 0907) White – chart