

Allergies: \_\_\_\_\_

**Medication administered by anesthesiologist:** (Check box/ fill in to activate)

<input type="checkbox"/> Intrathecal opioid	<input type="checkbox"/> Epidural opioid	Drug: _____	Dose: _____	Time: _____
---	--	-------------	-------------	-------------

**NURSING INTERVENTIONS:** (Check box/ fill in to activate)

I/O catheter PRN urinary retention if no surgical reason for indwelling catheter (Foley)  
 Maintain IV access for 24 hours, until epidural medication administration stopped, or until patient is discharged  
 Patient may not be discharged until 8 hours after last injection of morphine (DURAMORPH) or until 4 hours after epidural infusion is stopped

**Notify First-Call Anesthesiologist If:**

Respiratory rate less than 8 per minute. Sedation scale = 0. Inadequate analgesia or other problems related to epidural  
**For epidural infusion only:** Significant loss of lower extremity motor function (e.g. unable to bend knees) or if temp sensation occurs at T4 (nipple level) or above

**Monitoring:**

- O<sub>2</sub> by nasal cannula 1 - 4 liters per minute for the first 24 hours
- Continuous pulse oximetry with audible alarms activated for 24 hours or: \_\_\_\_\_ hours
- Respiratory rate every 1 hour and sedation scale every 2 hours X 24 hours then every 4 hours
- Pain scale every 4 hours

**For epidural infusion only:** Check motor function and postural blood pressure & heart rate prior to first ambulation  
 Sensory level every 4 hours X 24 hours, then every 8 hours

**Managing Adverse Effects:**

For sedation scale 0: 1) naloxone (NARCAN) 0.4 mg IV STAT. Repeat with 0.2 mg IV every 3 minutes PRN until respiratory rate above 10 per minute  
 2) O<sub>2</sub> at 10 liters per minute by mask

- For respiratory rate less than 8 per minute but patient arousable:  
 O<sub>2</sub> at 1 - 4 liters per minute to maintain O<sub>2</sub> sats 92 - 93%  
 naloxone (NARCAN) 0.1 mg IV every 2 minutes until respiratory rate is above 10 per minute

naloxone (NARCAN) 400 mcg     naloxone (NARCAN) 800 mcg    in Normal Saline 250 mL to infuse at 30 mL/ hour X 1 bag

**MEDICATIONS:** (Check box/ fill in to activate)

			Indication
Epidural opioid/ local anesthetic infusion	<input type="checkbox"/> bupivacaine 0.125%	<input type="checkbox"/> bupivacaine 0.2%	Mild to Severe Pain (1-10) <b>Epidural</b>
	<input type="checkbox"/> bupivacaine 0.125% + fentaNYL 2 mcg/ mL	<input type="checkbox"/> bupivacaine 0.2% + fentaNYL 2 mcg/ mL	
	<input type="checkbox"/> bupivacaine 0.125% + fentaNYL 5 mcg/ mL	<input type="checkbox"/> bupivacaine 0.2% + fentaNYL 5 mcg/ mL	
	<input type="checkbox"/> bupivacaine 0.125% + morphine pres-free 25 mcg/ mL	<input type="checkbox"/> bupivacaine 0.2% + morphine pres-free 25 mcg/ mL	
	<input type="checkbox"/> bupivacaine 0.125% + morphine pres-free 50 mcg/ mL	<input type="checkbox"/> bupivacaine 0.2% + morphine pres-free 50 mcg/ mL	
<input type="checkbox"/>	<b>Epidural Continuous-only mode:</b> Start at _____ mL/ hour    Range: 0.1 to: _____ mL/ hour Decrease infusion to minimum rate for adequate analgesia		
<input type="checkbox"/>	<b>Epidural PCEA + Continuous mode:</b> Continuous range: 0.1 to: _____ mL/ hour Continuous Rate: _____ mL/ hour    PCA Dose: _____ mL    PCA Lockout: _____ minutes    1 hour limit: 30 mL		

		Indication
Additional medications	<input type="checkbox"/> fentaNYL _____ mcg via epidural every _____ hours PRN. Dilute to 5 mL with pres-free Normal Saline	Breakthrough Pain <b>Epidural</b>
	<input type="checkbox"/> ketorolac (TORADOL) _____ mg IV every 6 hours X _____ doses. Maximum of 5 days	Moderate Pain (4-6) <b>IV</b>
	<input type="checkbox"/> ondansetron (ZOFRAN) 4 mg IV every 6 hours PRN <input type="checkbox"/> prochlorperazine (COMPAZINE) 2.5 - 5 mg IV every 6 hours PRN (2nd choice if ondansetron ordered & ineffective)	Nausea/ Vomiting
	<input type="checkbox"/> diphenhydramine (BENADRYL) 25 mg PO/ IV every 4 hours PRN. <b>Do not give if 65 or older.</b> <b>If 65 or older,</b> loratadine (CLARITIN) 10 mg PO daily PRN	Pruritis
	<input type="checkbox"/> nalbuphine (NUBAIN) 2.5 - 5 mg IV every 6 hours PRN (2nd choice if diphenhydramine ordered & ineffective) <input type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older) May repeat X 1	Insomnia

Unless ordered by anesthesiologist, HOLD benzodiazepines, narcotics, and propofol while on epidural anesthesia or until 12 hours after intrathecal administration. Oral pain medications per surgeon when epidural discontinued

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



**EPIDURAL MEDSURG/ CCU ORDERS**

P0030C (Rev 0511) White - Chart/ Scan to Pharmacy