

Epidural Infusion Orders

(All orders with a must be checked to activate. All orders with a are activated.)

Weight _____ kg

1. This patient is receiving an epidural infusion. Label head of bed, front of chart, infusion bag. (APMS Cell # 494-1496)

2. **Keep a copy of these orders in MAR until epidural removed.**

3. Epidural catheter is *not* MRI compatible. Notify APMS if MRI must be done (494-1496).

4. **Allergies:** No known drug allergies

Allergy:	Describe Reaction:	Allergy:	Describe Reaction:
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Allergy:	Describe Reaction:	Allergy:	Describe Reaction:
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5. **Epidural infusion of: 200 mL**

a. bupivacaine 0.06% 0.1%

b. hydromorphone: 10 mcg/mL 20 mcg/mL

c. ropivacaine 0.1% 0.2% 0.3%

d. fentanyl 3 mcg/mL 5 mcg/mL

e. Other:

6. Basal infusion at _____ mL/hr, Patient bolus _____ mL, Interval _____ min, _____ boluses per hr,

Clinician dose by APMS or MD only

7. **Orders for sedatives or anxiolytics MUST be approved by APMS.**

Discontinue existing phenergan and benadryl orders.

Supplemental opioids may be ordered by primary service/CCM. Adjusted dosage recommended:

Other:

8. Continuous pulse oximetry with low saturation alarm set at 90% until epidural removed.

9. Monitor and record respiratory rate, level of sedation, and SpO₂ q2hr x 24 then q4hr or as ordered by APMS.

Patient receiving epidural local anesthetic only, no SpO₂ monitoring required. Monitor level of sedation per PCA protocol.

10. Maintain venous access per epidural policy.

11. Assess and record pain score and side effects q4hr. Notify APMS if pain score greater than 4 or patient complains of pain.

12. **Patient is receiving epidural local anesthetic:**

a. Take and record blood pressure lying and sitting prior to first ambulation.

b. Assess sensation changes and motor strength BLE prior to getting patient OOB.

c. Initial ambulation with assistance only.

d. High thoracic epidurals – Assess motor / sensory bilateral upper extremities q4hr.

Low thoracic and lumbar epidurals – Check for sensation and hip flexion as well as back pain q4hr.

*Notify APMS for decreased sensation or decreased motor strength or orthostatic blood pressure change.

MD Signature	MD #	Date	Time
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Pharmacy Use Only:
067126-F-1

Shands
at
the University of Florida
Gainesville, Florida 32610



RX0001

Patient Name:

Patient Identification #:

Physician's Orders
(page 1 of 2)

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all pages must be stapled.*

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PS67126-F

Date printed 4/24/09

Distribution: Medical Record – Be sure to fax to Pharmacy.

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13. Managing side effects:

a. Itching – Adult (check one):

nalbuphine 2.5 - 5 mg IV may repeat in 60 min, max dose 10 mg. **Call APMS if ineffective.**

diphenhydramine 12.5 mg IV may repeat in 60 min, max dose 25 mg. **Call APMS if ineffective.**

Child:

diphenhydramine _____ mg (0.25 mg/kg) IV for 1 dose. Call APS if ineffective.

b. Nausea – Adult:

ondansetron (ZOFTRAN) 4 mg IV may repeat in 60 min, max dose 8 mg. **Call APMS if ineffective.**

Child:

ondansetron (ZOFTRAN) _____ mg (0.15 mg/kg) IV for 1 dose, may repeat in 60 min, max dose 4 mg. **Call APMS if ineffective.**

c. Urinary retention: Adult – greater than 8 hours Child – greater than 4 hours notify APMS.

d. Respiratory: SpO₂ consistently less than 90%. Notify APMS and primary service.

e. Sedation: Notify APMS for patient with Ricker Scale less than three (3).

f. Respiratory rate: Adult – RR less than 8/min Child – 6 - 12 years RR less than 12/min, 3 - 6 years RR less than 16/min or patient unresponsive.

1. Turn off epidural infusion.

2. Give naloxone (400 mcg/mL): dilute 1 amp (400 mcg/mL) with 9 mL NS for total volume of 10 mL (40 mcg/mL)

Adult: naloxone 100 mcg (2.5 mL of diluted naloxone solution) IV

Child: naloxone Dose per Child Emergency Drug Reference as for opioid overdose

Repeat until responsive or RR greater than 12/min in adults, greater than 16/min in 6 - 12 year olds, greater than 20/min in 3 - 6 year olds.

3. **Notify APMS, STAT and primary service.** (Cell #494-1496) (Beeper #413-7900)

14. No low-molecular weight heparin (LMWH) such as enoxaparin (LOVENOX), antiplatelet medication, IV unfractionated heparin or warfarin (COUMADIN) until clearance from APMS. (May receive subcutaneous heparin and NSAIDS)

MD Signature

MD #

Date

Time

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067126-F-2

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