

Paravertebral Catheter Analgesia Orders

(All orders with a must be checked to be activated)

1. This patient is receiving local anesthetic through a paravertebral catheter: cervical thoracic lumbar sacral other

APMS Pager: 494-1496 or 413-7900

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

3. Paravertebral catheter is NOT MRI compatible. Notify APMS if MRI must be done.

4. Infusion of 250 mL Other:

a. ropivacaine 0.175% 0.2%

b. bupivacaine 0.0625% 0.1% 0.25% c. Other:

5. Basal infusion at: _____ mL/h, bolus: _____ mL, interval: _____ min, boluses per hr: _____

Pharmacy: Prepare two infusions - same prescription

6. Patient also has a paravertebral block: right left cervical thoracic lumbar sacral other

7. This patient has received: _____ mL total

mepivacaine 0.25% 0.5% 0.75% 1% 1.5% 2%

ropivacaine 0.25% 0.5% 0.75% 1% 1.5% 2%

bupivacaine 0.25% 0.5% 0.75% 1% 1.5% 2%

Other: _____ %

including: 1:100,000 epinephrine 1:200,000 epinephrine 1:400,000 epinephrine

25 mcg clonidine 50 mcg clonidine 75 mcg clonidine 100 mcg clonidine sodium bicarbonate ____ mEq

8. Additional analgesics per the Primary Service.

9. Maintain venous access for duration of paravertebral infusion.

10. Initial ambulation with assistance for lower extremity infusions.

11. Assess and record pain rating, location, blood pressure, heart rate, motor/sensory status of affected extremity q4hr.

12. Assess catheter site q8hr for integrity and signs of infection.

13. Notify APMS for:
- a. pain rating greater than 5 unrelieved by analgesics
 - b. increased pain unrelieved by analgesics
 - c. side effects related to local anesthetic including motor/sensory deficit, tinnitus, perioral numbness, metallic taste
 - d. catheter disruption
 - e. numb or motor block on the surgical side the morning after the block

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

Pharmacy Use Only:
077825-A-1



RX0001

Patient Name:

Patient Identification #:

Physician's Orders
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Distribution: Medical Record – Be sure to fax to Pharmacy.

Rev. 4/21/09
PS77825-A

Date printed 5/6/09