

## Perineural Catheter Analgesia Orders

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

1. This patient is receiving local anesthetic via a:  right  left  bilateral  
 femoral  sciatic  popliteal  
 infraclavicular  interscalene  axillary catheter(s)  
 other

APMS Pager: 494-1496 or 413-7900

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

3. The perineural catheter is NOT MRI-compatible. Notify APMS if MRI must be done.

4. Perineural infusion of:  250 mL

a.  ropivacaine  0.175%  0.2%

b.  bupivacaine  0.06%  0.1%  0.25% c.  other:

5. Basal infusion at: \_\_\_\_ mL/hr, Bolus dose: \_\_\_\_ mL, Interval: \_\_\_\_ min. boluses per hr \_\_\_\_, 1-hr max \_\_\_\_ mL

Pharmacy:  Prepare two infusions - same prescription

2nd infusion: Basal \_\_\_\_ mL/hr, Bolus \_\_\_\_ mL, Interval \_\_\_\_ min. boluses per hr \_\_\_\_, 1-hr max \_\_\_\_ mL

6.  Patient also has a regional block:  right  left

femoral  sciatic  popliteal

infraclavicular  interscalene  axillary

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 \_\_\_\_\_ % \_\_\_\_\_ mL

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 perineural 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 q4hrs.

12. Assess catheter site q8hrs 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

MD Signature

MD #

Date

Time

Pharmacy Use Only:  
002877-E-1

**Shands**  
at  
the University of Florida  
Gainesville, Florida 32610



RX0001

Patient Name:

Patient Identification #:

**Physician's Orders**

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Fax all Medication Orders to Pharmacy.

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