ITEMS WITH BOXES/PARENTHASES **MUST BE CHECKED** TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) **must be initialed** by the ordering MD for the order to be valid.

PHYSICIAN'S ORDER (EXCLUDING IV Fluids and MEDICATIONS)

DATE: _____ TIME:_____

Monitoring:
( ) Vital signs, I&O, Cardiac monitor, Pulse oximetry, Extubation per Operating Room Post Anesthesia Patient Care Policy. #6331-IIE-09 #6331-IIE-11 #6331-IIE-12
( ) Bair Hugger for hypothermia or shivering.

( ) Discharge when Post Anesthesia patient discharge criteria met. Operating Room Policy #6331-IIE-10

Oxygenation:
( ) If patient had General anesthesia apply oxygen via face mask or non-rebreather mask at 10 L/min; If patient had MAC anesthesia apply 2-4 L/min via nasal cannula, Discontinue 02 when patient is alert. If O2 saturation below 92% start O2 by nasal cannula at 2L, may increase 1L every minute up to 6L. Call anesthesiologist if O2 saturation not maintained on 6L. May discharge to floor on O2 2-4L NC when O2 saturation maintained above 92%

Labs:
( ) CBC Stat

( ) Hct/Hgb Stat

( ) CHEM 7 Stat

( ) Portable Chest X-ray Stat

( ) ABG Stat

( ) ABG Q 30mins post intubation

( ) EKG

( ) Finger stick blood glucose (Accucheck) upon arrival at PACU, Notify anesthesia provider if greater than 250mg/dL or less than 80mg/dL

( ) _____

IVF and MEDICATION ORDERS ONLY
IVF and MEDICATION ORDERS ONLY
IVF and MEDICATION ORDERS ONLY
IVF and MEDICATION ORDERS ONLY

INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Intravenous Fluid:
( ) Lactated Ringer's 1L at:_____mL/hr or titrate to effect: _____maximum if desired

( ) 0.9% Normal Saline 1L at:_____mL/hr or titrate to effect:_____maximum if desired

( ) _____ 1L at:_____mL/hr or titrate to effect:_____maximum if desired

Analgesia:
( ) Fentanyl:____mcg IV every:____minutes PRN pain scale greater than 3, maximum:____mcg

( ) Meperidine (Demerol):____mg IV every:____minutes PRN pain scale greater than 3, maximum:____mg

( ) Morphine:____mg IV every:____minutes PRN pain scale greater than 3, maximum:____mg

( ) Hydromorphone (Dilaudid):____mg IV every ___minutes PRN pain scale greater than 3, maximum:____mg

( ) Ketorolac(Toradol)30mg IV or IM x1 dose

( ) _____

( ) Call Anesthesia for pain uncontrolled by narcotics.

Shivering:
( ) Meperidine (Demerol):_____mg IV PRN shivering, may repeat 1x dose

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:

U	MS
IU	MSO_4
Q.D.	$MgSO_4$
Q.O.D.	Trailing zero
Lack of leading zero	

Anesthesia Provider Initial

Physician's Order Form
Routine Post Anesthesia Care Orders

PATIENT ID LABEL

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DATE: _____ TIME:_____

Ventilator setting for intubated patients:

- ❑ AC
- ❑ PSV
- ❑ SIMV
- ❑ CPAP

Rate:___ breaths/min

Tidal Volume:____ mL

FiO2:___%

PEEP:___cmH20

Peak inspiratory pressure:___ cmH20

Target Richmond Agitation Sedation Scale (RASS) Sedation Protocol:

( ) 0 = Alert and Calm

( ) - 1 = Drowsy (Not fully alert, sustained awakening >10sec to voice)

( ) - 2 = Light Sedation (Briefly awakens with eye contact to voice <10sec)

( ) - 3 = Moderate Sedation (Movement or eye open to voice)

( ) - 4 = Deep Sedation (No response to voice, but eye open or movement upon physical stimulation)

For additional orders:

( )_____

( )_____

IVF and MEDICATION ORDERS ONLY

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Antiemetics: PRN Nausea and or vomiting (**Pick no more than one in each category**)

First dose: ( ) Ondansetron (Zofran) 4mg IV
( ) Metoclopramide (Reglan) 10mg IV
( ) Dexamethasone (Decadron) 4mg IV
( ) Other:_____

Second dose: ( ) Ondansetron (Zofran) 4mg IV
( ) Metoclopramide (Reglan) 10mg IV
( ) Dexamethasone (Decadron) 4mg IV
( ) Other:_____

Third dose: ( ) Ondansetron (Zofran) 4mg IV
( ) Metoclopramide (Reglan) 10mg IV
( ) Dexamethasone (Decadron) 4mg IV
( ) Other:_____

( )Contact anesthesia provider for additional orders if third dose necessary in PACU

Hypertension:

( ) Labetalol:____mg IV every 5min PRN for SBP greater than:____mmHg and HR greater than 60BPM, Max dose____mg

( ) Hydralazine:____mg IV every 10min PRN for SBP greater than:____mmHg and HR less than 60BPM, Max dose____mg

( ) Nifedipine: 10mg SL x1 for SBP greater than____mmHg

( ) _____

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INTRAVENOUS FLUID and MEDICATION ORDERS

ALLERGY:

Inhaler:

( ) Albuterol 2.5mg unit dose by hand held nebulizer every 20 minutes PRN for wheezing or shortness of breath x2 doses. Call anesthesia provider if more than two doses required

( ) _____

Sedation Drips: Per Protocol

( ) Propofol (Diprivan)
( ) Midazolam (Versed)
( ) Ketamine (Ketalar)
( ) Lorazepam (Ativan)

Analgesic Drips: Per Protocol

( ) Morphine
( ) Fentanyl
( ) Hydromorphone (Dilaudid)

Increase Sedation Intervention

( ) Naloxone (Narcan):____mg IV every ___minutes PRN increase sedation maximum:____mg

( ) Romazicon (Flumazenil):____mg IV every:____ minutes PRN increase sedation maximum:____mg

Anesthesia provider:_____
(Print)

Signature:_____

Date:____/____/____ Time:_____

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