Order Set Directions:
- ➤ (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out.
- ➤ Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
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BENEFIS HEALTH SYSTEM
Benefis
HOSPITALS

PROVIDER ORDERS

Diagnosis: _____
Allergies with reaction type:_____

MANAGEMENT OF INTRATHECAL/CONTINUOUS EPIDURAL ANALGESIA   Version 10   8/18/2011
RX = EPI & POSTEPI

1. Anesthesiologist to call _____ Pager #_____ Phone #_____
2. Call only anesthesiologist for additional pain/sedative orders during monitoring period.
3. Monitor B/P, pulse, sedation level, respiratory rate and motor ability per policy and procedure.
4. Maintain IV access and monitoring for (Fentanyl 4 hrs Sufentanil 4 hrs, PF Morphine 24 hrs) following:
    a) termination of infusion of epidural narcotic or
    b) last bolus dose of epidural narcotic or
    c) last dose of intrathecal narcotic.
5. Assess Leg Raise ability q 4 hrs. If unable to lift leg and pain score <4/10 reduce epidural infusion by 2-3 ml/hr.
6. Turn epidural off @ _____ hrs, ___/___/___.
7. Call anesthesiologist when new/additional anticoagulant orders are received.
8. If patient has indwelling intrathecal/continuous epidural catheter and DVT prophylaxis is ordered, auto substitute heparin 5000 units subq BID.
9. O2 _____L NC continuous, Keep SpO2 > _____%, Discontinue _____
10. Pulse oximetry: _____ monitor continuously
    _____ monitor intermittently, Q _____ hrs.
    Discontinue ___/___/___ if RA SpO2 > _____%.

INTRATHECAL _____   given @ _____

===

EPIDURAL: mix in 250 ML PFNS | **PCEA:**___ml-Lock out___mins-Max dose/hr___
____Bupivacaine _____% |
 |
____Ropivacaine _____% | **FOR INADEQUATE ANALGESIA**
 | Bolus/pump _____ ml q _____ hrs
_____Fentanyl _____mcg/ml | (pain score >5) same concentration
 |
_____PF Morphine _____ mcg/ml | Fentanyl Epidural bolus___mcg/___ml in
 | PFNS every _____hrs, PRN
_____Sufentanil _____ mcg/ml |
 | ___PCA IV - see routine orders (ICU only)
_____PF Hydromorphone ____ mcg/ml |
 | _____ IV push PRN
CONTINUOUS INFUSION: _____ ml/hr | **PRIOR TO DISCONTINUING EPIDURAL**
 | **INFUSION**
Range _____ to _____ | ___IV PCA ___Morphine ___Demerol ___ Dilaudid
 | Give _____bolus/epidural catheter

Initials_____

BENEFIS HEALTH SYSTEM

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MANAGEMENT OF INTRATHECAL/CONTINUOUS EPIDURAL ANALGESIA   P 2 of 2   8/18/2011

NURSING INTERVENTIONS	**MANAGEMENT OF SIDE EFFECTS**
Call anesthesiologist for:	4. KEEP NARCAN PACKET IN PYXIS (4-24 hr) post-epidural/intrathecal monitoring ceases
RR <10 & sedation level 3/4	
- RR < 8 & administer oxygen/mask @ 10 L/min	Pruritus:
- Inadequate analgesia	Benadryl ____mg IV/IM q _____ prn itching
- Technical problems w/cath	Narcan ____mg IV/SQ q _____ prn itching
- Persistant Motor Block or failed attempt at Physical Therapy	Nalbuphine ____mg IV q _____ prn itching
- Hypotension	Nausea:
- Numbness above nipples (T4)	Reglan ____mg IV q _____ prn nausea
1. Obtain ABG for sedation level 3 or 4	Nalbuphine ____mg IV q _____ prn nausea
2. Administer oxygen/mask 10 L/min	Zofran ____mg IV q _____ prn nausea
3. Implement Naloxone Administration Protocol for sedation level @ 4 and/or <8	
4. Straight cath every 6 hrs. If repeat cath needed insert foley	
5. DC foley(4-24hr)post DC Epidural	

Sedation/Respiratory depression management: Notify physician \
Naloxone (Narcan) if respiratory rate is < 8 minute; dilute naloxone 0.4 mg in 9 ml of NS, give 2 ml (0.08 mg) slow IV push q 2 minutes until patient is responsive. Respiratory depression may reoccur, monitor patient and repeat naloxone q 2 minutes until patient is responsive (opioid duration may exceed the naloxone duration).

Provider Signature:_____Date:_____Time:_____