

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

**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
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**OB Neuraxial Analgesia**

Version 5 2/23/2016

**General**

- Order for procedure  
Specific Procedure: Neuraxial Analgesia  
Date of Procedure: \_\_\_\_\_  
Time of Procedure: \_\_\_\_\_  
\*\*\*Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology\*\*\*

**Activity**

- Bed rest

**Nursing Orders**

- Notify provider - Anesthesia
  - IF respiratory rate less than 10
  - IF analgesia inadequate
  - IF technical problems with catheter
  - IF persistent motor block
  - IF numbness above the nipples
  - OF delivery immediately post delivery
- IF signs/symptoms of opioid induced respiratory depression: Initiate Respiratory Depression Protocol AND Notify Provider-Anesthesia
- Other: \_\_\_\_\_

**Respiratory**

- Oxygen Delivery via Non-Rebreather at 10 Lpm and titrate as needed to maintain Oxygen saturation greater than 94%
- Pulse oximetry : continuous for \_\_\_\_ hours after Astramorph infusion administration  
(Select if Astromorph will be ordered below)

**IV/ Line Insert and/or Maintain**

- Peripheral IV insert/maintain if not already started AND Maintain IV access for 4 hours after termination of epidural medications, 24 hour after for neuraxial Astramorph

**IV Fluids**

- Lactated Ringers IV
  - 500 milliliter bolus intravenously prior to all neuraxial anesthesia

**Medications**

**Analgesics: Epidural**

- ropivacaine HCl (Naropin 0.2%) 100ml epidural
  - per anesthesia
- fentaNYL-ropivacaine in NS (preserv free) 200 mcg/100mL (2mcg/mL) 0.2% epidural
  - per anesthesia
- fentaNYL (preserv free)
  - per anesthesia
- morphine (preserv free) (ASTROMORPH)
  - per anesthesia

Initials \_\_\_\_\_

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**PROVIDER ORDERS**

***Antiemetics***

metoclopramide (REGLAN)

- 10 milligram intravenously every 6 hours as needed for nausea

ondansetron (ZOFRAN)

- 4 milligram intravenously every 6 hours as needed for nausea

***Antihistamines and Miscellaneous Agents***

diphenhydrAMINE (BENADRYL)

- 25 milligram intravenously every 6 hours as needed for itching

naloxone (NARCAN)

- 0.02 milligram intravenously every 2 hours as needed for itching

nalbuphine (NUBAIN)

- 5 milligram intravenously every 4 hours as needed for itching or nausea

***Miscellaneous***

- Other: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_