

(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: _____

MANAGEMENT OF INTRATHECAL/CONTINUOUS EPIDURAL ANALGESIA
RX = EPI & POSTEPI

Version 10 8/18/2011

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

____ Bupivacaine _____ %
 ____ Ropivacaine _____ %
 ____ Fentanyl _____ mcg/ml
 ____ PF Morphine _____ mcg/ml
 ____ Sufentanil _____ mcg/ml
 ____ PF Hydromorphone _____ mcg/ml

PCEA: ____ ml-Lock out ____ mins-Max dose/hr ____

FOR INADEQUATE ANALGESIA

Bolus/pump ____ ml q ____ hrs
(pain score >5) same concentration

Fentanyl Epidural bolus ____ mcg/____ ml in
PFNS every ____ hrs, PRN

____ PCA IV - see routine orders (ICU only)

____ IV push PRN

CONTINUOUS INFUSION: _____ ml/hr

PRIOR TO DISCONTINUING EPIDURAL INFUSION

Range ____ to ____

____ IV PCA ____ Morphine ____ Demerol ____ Dilaudid
Give _____ bolus/epidural catheter

Initials _____

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PROVIDER ORDERS

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

NURSING INTERVENTIONS

Call anesthesiologist for:

RR <10 & sedation level 3/4

- RR < 8 & administer oxygen/mask @ 10 L/min
- Inadequate analgesia
- Technical problems w/cath
- Persistent Motor Block or failed attempt at Physical Therapy
- Hypotension
- Numbness above nipples (T4)
- 1. Obtain ABG for sedation level 3 or 4
- 2. Administer oxygen/mask 10 L/min
- 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

MANAGEMENT OF SIDE EFFECTS

4. KEEP NARCAN PACKET IN PYXIS (4-24 hr) post-epidural/intrathecal monitoring ceases

Pruritus:
 Benadryl ____mg IV/IM q ____ prn itching
 Narcan ____mg IV/SQ q ____ prn itching
 Nalbuphine ____mg IV q ____ prn itching

Nausea:
 Reglan ____mg IV q ____ prn nausea
 Nalbuphine ____mg IV q ____ prn nausea
 Zofran ____mg IV q ____ prn nausea

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: _____