OB Anesthesia L&D Epidural/Intrathecal Narcotic Bolus Adult Subphase

Vital Signs/Monitoring

Epidural/Intrathecal Monitoring Record
Assessment is to be recorded including: level of sedation, pain intensity, respiratory rate, nausea, vomiting, itching, and urinary retention, Q1HR, 4, time(s)

**+4 Hours** Epidural/Intrathecal Monitoring Record
Assessment is to be recorded including: level of sedation, pain intensity, respiratory rate, nausea, vomiting, itching, and urinary retention, Q2HR, 10, time(s)

Notify Provider
Notify OB Anesthesiology Resident, if naloxone given.

Notify Provider
Notify OB resident on call if patient experiences itching not relieved by diphenhydramine, increased pain, respirations < 10/min, altered mental status, increased drowsiness, or weakness with ambulation.

Notify Provider Vital Signs
Notify Physician and Respiratory Therapy if, RR < 10/minute

Notify Provider
Notify OB Anesthesiology resident, for breakthrough pain within 12 hours of initial dose., PRN Order

Nursing

Prohibited Medication
Give NO sedatives or narcotics (IV, IM, or PO), including promethazine, except as ordered by OB Anesthesiologist or Pain Service until after __/__/__ ______AM/PM

Patient Alert Card
Place epidural/intrathecal alert card above patient's bed and on chart.

Urinary Catheter Insertion
**Indwelling Catheter, Bedside Drain, ONCE**

Urinary Catheter Maintenance
**Indwelling Catheter, Bedside Drain, PRN Order**

Peripheral IV Insertion
**Peripheral Venous IV, Maintain IV access by continuous IV or Saline Lock**

Continuous Infusions

**NS IVF**
1,000 mL, 75 mL/hr, IV, Injection

**LR IVF**
1,000 mL, 75 mL/hr, IV, Injection

**D5LR IVF**
1,000 mL, 75 mL/hr, IV, Injection

Medications

naloxone IV
0.4 mg, IV, Injection, ONCALL, x 12 hour(s)
Comments: Give STAT IV for respirations < 8/minute; may be repeated if patient does not respond within 5 minutes.

naloxone IM
0.4 mg, IM, Injection, ONCALL, x 12 hour(s)
Comments: Give STAT IM (if IV route not available) for respirations < 8/minute; may be repeated if patient does not respond within 5 minutes.

diphenhydramINE IV
12.5 mg, IV, Injection, Q4HR, PRN Itch, x 12 hour(s)

ondansetron IV
4 mg, IV, Injection, ONCE, PRN Nausea, x 12 hour(s)

metoCLOPRAMIDE IV
10 mg, IV, Injection, Q3HR, PRN Other (see comment), x 12 hour(s)
Comments: For Persistent Nausea. RN to notify physician and anesthesiologist when first dose is given.

naloxone IV
0.2 mg, IVPB, Injection, PRN, PRN Other (see comment), x 12 hour(s)
Comments: For severe itching or urinary retention; infuse over 30 minutes; Call pharmacy when needed; naloxone IV set.
acetaminophen IV for ≥ 50kg
1,000 mg, IV, Injection, ONCE, PRN, x 12 hour(s)
Comments: Note: maximum SINGLE dose = 1000mg  maximum DAILY dose = 4gm/day
acetaminophen IV (mg/kg) for <50kg
15 mg/kg, IV, Injection, ONCE, PRN, x 12 hour(s)
Comments: Note: maximum SINGLE dose = 750mg/dose  maximum DAILY dose = 75mg/kg/day

Respiratory
Oxygen Therapy
Nasal Cannula, Keep SPO2 greater/equal 90%, Improve Oxygenation (DEF)*
Nasal Cannula, 2 L/min, Keep SPO2 greater/equal 90%, Improve Oxygenation
Nasal Cannula, 4 L/min, Keep SPO2 greater/equal 90%, Improve Oxygenation
Nasal Cannula, Keep SPO2 greater/equal 92%, Improve Oxygenation
Simple Mask, 6 L/min, Keep SPO2 greater/equal 90%, Improve Oxygenation, Never Use Simple Mask at less than 6 Liters per minute
Nonrebreather Mask, Keep SPO2 greater/equal 90%, Improve Oxygenation

Consults/Ancillary Services
Consult Respiratory Therapy

Other
Subphase Activated

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase