



Physician Orders ADULT
Order Set: ANES PACU PRN Plan

attach patient label here

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: ☐ No known allergies

☐ Medication allergy(s): _____

☐ Latex allergy ☐ Other: _____

Patient Care

<input type="checkbox"/>	Whole Blood Glucose Nsg (Accucheck Nsg)	T;N, Stat, now in PACU by nurse
<input type="checkbox"/>	Whole Blood Glucose Nsg (Accucheck Nsg)	T;N, Routine, post procedure in PACU 1 hour after arrival.

Medications-Anti-Hypertensives

<input type="checkbox"/>	labetalol	10 mg, Injection, IV Push, q5min, PRN Hypertension, Routine, (2 dose), Comment: give for systolic BP greater than 180 or diastolic BP greater than 90, hold for heart rate less than 60bpm. PACU only. Give labetalol first if ordered with hydralazine.
<input type="checkbox"/>	labetalol	20 mg, Inj, IV Push, q5min, PRN Hypertension, Routine, (2 dose), Comment: give for systolic BP greater than 180 or diastolic BP greater than 90, hold for heart rate less than 60bpm. PACU only. Give labetalol first if ordered with hydralazine.
<input type="checkbox"/>	hydrALAZINE	10 mg, Injection, IV Push, q20min, PRN Hypertension, Routine, (2 dose), Comment: give for systolic BP greater than 180 or diastolic greater than 90 PACU only.
<input type="checkbox"/>	metoprolol	2.5 mg, Injection, IV Push, q5min, PRN Tachycardia, Routine, (2 dose), Comment: limit 5mg. Give for heart rate greater than 100, hold for systolic BP less than 100. PACU only.

Medications-Anti-Emetics

<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, once, PRN Nausea, Routine, (2 doses), Comment: PACU only
<input type="checkbox"/>	droperidol	0.625 mg, Injection, IV Push, once, PRN Nausea, Routine,(2 doses) ,Comment: give only to patients on a heart monitor. PACU only

Medications-Vasopressors/Chronotropes

<input type="checkbox"/>	atropine	0.2 mg, Injection, IV Push, prn, PRN Bradycardia, Symptomatic, Routine, Comment: may give q30 seconds PRN up to 1mg total. PACU only
<input type="checkbox"/>	ePHEDrine	10 mg, Injection, IV Push, once, PRN Hypotension, Routine, Comment: PACU
<input type="checkbox"/>	phenylephrine	0.1 mg, Injection, IV Push, once, PRN Hypotension, Routine, PACU Only

Medications-Other

<input type="checkbox"/>	furosemide	10 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	furosemide	20 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	glycopyrrolate	0.2 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	glycopyrrolate	0.4 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	neostigmine	1 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	neostigmine	2 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	hydrocortisone	50 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	hydrocortisone	100 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	dexamethasone	4 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	dexamethasone	10 mg, Injection, IV Push, once, Routine, Comment: PACU only
<input type="checkbox"/>	albumin human (albumin, human 25%)	25 g, Injection, IV Piggyback, once, Routine, (infuse over 0, (25g=100mL), Comment: Infuse over 2 hours, PACU only
<input type="checkbox"/>	albumin human (albumin, human 5%)	25 g, Injection, IV Piggyback, once, Routine, (infuse over 0, (25g=500mL), Comment: Infuse over 2 hours, PACU only





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Medications-Glucose Management		
<input type="checkbox"/>	insulin regular (insulin regular - NovoLIN R)	_____ units, Injection, Subcutaneous, once, STAT, Comment: PACU only
<input type="checkbox"/>	insulin regular (insulin regular - NovoLIN R)	_____ units, Injection, IV Push, once, STAT, Comment: PACU only
Medications		
<input type="checkbox"/>	Sodium Chloride 0.9% Bolus	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 0.9% Bolus	1,000 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Sodium Chloride 3%	500 mL, IV, Routine, (1 dose), _____mL/hr,(for 4 hours), Comment: Double Check Pump Rate. THIS IV CONTAINS NACL greater than 0.9%. Max rate 50 mL/hr.
<input type="checkbox"/>	Lactated Ringers Bolus	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	Lactated Ringers Bolus	1,000 mL, IV Piggyback, once, STAT, 1,000 mL/hr
<input type="checkbox"/>	hetastarch (Hespan)	500 mL, IV, STAT, (1 dose), _____mL/hr, Comment: PACU only

Date Time Physician's Signature MD Number