



# Physician Orders

## LEB Anesthesia Epidural Plan

**PEDIATRIC**

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

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Vital Signs</b>		
<input type="checkbox"/>	Vital Signs	T;N, Monitor and Record Resp Rate, q1h, for first 24 hours after epidural placed then change to q4h.
<input type="checkbox"/>	Vital Signs w/Neuro Checks	T;N, Monitor and Record T,P,R,BP, q4h(std)
<b>Activity</b>		
<input type="checkbox"/>	Activity As Tolerated	T;N, With Assistance, to bathroom if approved by Surgeon
<input type="checkbox"/>	Activity As Tolerated	T;N, Up Ad Lib
<b>Patient Care</b>		
<input type="checkbox"/>	O2 Sat Spot Check-NSG	T;N, with vital signs
<input type="checkbox"/>	Cardiopulmonary Monitor	T;N Routine, Monitor Type: Apnea, Special Instructions: Discontinue monitor on _____ at _____ or until _____ hours after cessation of epidural.
<input type="checkbox"/>	Nursing Communication	T;N, Do not give narcotics or sedatives unless cleared by Anesthesia.
<input type="checkbox"/>	Nursing Communication	T;N, For Respiratory rate of _____, give naloxone and call Anesthesia stat.
<input type="checkbox"/>	Nursing Communication	T;N, Surgeon's management of pain may resume on _____ at _____.
<b>Respiratory Care</b>		
<input type="checkbox"/>	Oxygen Delivery	T; N, _____ L/min, Titrate to keep O2 sat => 92%, Wean to room air
<b>Epidural Infusions</b>		
<input type="checkbox"/>	Bupivacaine-PF 0.1% in preserv-free NS Epidural	250mL,injection,EPI,Routine,T:N, at _____ mL/hr, prepare enough for 24 hours of infusion
<input type="checkbox"/>	Bupivacaine-PF 0.1% + Fentanyl-PF 2 mcg/mL in NS-PF Epidural	250mL,injection,EPI,Routine,T:N, at _____ mL/hr, prepare enough for 24 hours of infusion, dose range: 0.2-0.4mL/kg/hr
<input type="checkbox"/>	Bupivacaine-PF 0.1% +Morphine-PF 30 mcg/mL in NS-PF Epidural	250mL,injection,EPI,Routine,T:N, at _____ mL/hr, prepare enough for 24 hours of infusion, dose range: 0.2-0.4mL/kg/hr
<input type="checkbox"/>	Bupivacaine-PF 0.1% + Clonidine-PF 1.2 mcg/mL in NS-PF Epidural	250mL,injection,EPI,Routine,T:N, at _____ mL/hr, prepare enough for 24 hours of infusion, recommended dose: 0.25mL/kg/hr, Max rate= 12mL/hr
<b>Epidural Bolus</b>		
<input type="checkbox"/>	Bupivacaine-PF 0.25% + Clonidine-PF 2 mcg/mL Epidural Bolus	_____ mL, injection,EPI, once, Routine, T:N, Max dose= 10mL
<b>Medications</b>		
<input type="checkbox"/>	naloxone	_____ mcg, (10 mcg/kg), Injection,IV Push,once,PRN Oversedation, Routine, T;N
<input type="checkbox"/>	morPHINE	_____ mg,(0.1mg/kg), Injection, IV Push, q4h, PRN breakthrough pain, Routine,
<input type="checkbox"/>	nalbuphine	_____ mg,(0.1mg/kg), Injection, IV Push, q4h, PRN itching, Routine, T;N, may also be given for pain
<input type="checkbox"/>	diphenhydrAMINE	_____ mg,(1mg/kg), Injection, IV Push, q4h, PRN itching, Routine, T;N





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Consults/Notifications		
<input type="checkbox"/>	Notify Resident-Once	T;N, Notify: Surgery Resident, 30 minutes prior to epidural removal
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Anesthesia on call, BEFORE starting anticoagulant therapy while epidural catheter in place.
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Anesthesia on call, immediately If patient has respiratory rate < 8 breaths/min, altered mental status, obtunded or unarousable.
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Anesthesia on call, If pain relief not achieved with administration of PRN pain medication.
<input type="checkbox"/>	Notify Physician-Continuing	T;N, Notify: Anesthesia on call, immediately if naloxone given.

\_\_\_\_\_

**Date**                                      **Time**                                      **Physician's Signature**                                      **MD Number**