Physician Orders ADULT: ANES APS Catheter Plan

Initiate Orders Phase
Care Sets/Protocols/PowrPlans
☐ Initiate Powerplan Phase
  T;N, Phase: ANES APS Catheter Pre Insertion Phase, When to Initiate: ______________________________
☐ Initiate Powerplan Phase
  T;N, Phase: ANES APS Catheter Post Insertion Phase, When to Initiate: ______________________________
☑ Powerplan Open

ANES APS Catheter Pre Insertion Phase
Continuous Infusion
☐ bupivacaine-fentanyl 0.125%-2 mcg/mL-NaCl 0.9% injectable solution
  150 mL, EPI, Routine, mL/hr

ANES APS Catheter Post Insertion Phase
Vital Signs
☑ Vital Signs
  T;N, Monitor and Record T,P,R,BP, Monitor q2hrs x12h then q4h
☑ Vital Signs
  T;N, Monitor and Record Resp Rate, Monitor and record Respiratory Rate, Depth of Respiration (shallow - minimal movement of chest wall or abdomen, normal, or deep - prolonged or pronounced movement of chest wall or abdomen), Level of Consciousness q1hr x

Patient Care
☑ O2 Sat Continuous Monitoring NSG
  T;N, Routine
☑ Nursing Communication
  T;N, NO NARCOTICS OR SEDATIVES EXCEPTION AS ORDERED BY ANESTHESIA
☑ Nursing Communication
  T;N, NOTIFY ANESTHESIA BEFORE STARTING ANTICOAGULANT THERAPY, Clopidogrel (Plavix) or Prasugrel (Effient)
☑ Nursing Communication
  T;N, PACU, Floor and ICU: The epidural APS orders are in effect until the epidural is discontinued.
☑ Nursing Communication
  T;N, Place sign above patient’s head of bed with APS Epidural.
☑ Nursing Communication
  T;N, Monitor pt closely if naloxone given and repeat initial dose of pt does not respond within 30 min.
☑ Nursing Communication
  T;N, Use ordered PRN pain medications if: analgesia is inadequate, patient is easily aroused and respiratory rate is greater than 12 per minute.
☑ Nursing Communication
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- **T;N**, Discontinue Anesthesia APS orders upon removal of catheter.
- **T;N**, If scopalamine patch applied remove patch 24 hours after administration.
- **T;N**, If pt has respiratory rate<10bpm, change in respiratory pattern or evidence of airway obstruction, appears excessively drowsy, obtunded or unarousable, turn off APS catheter pump and notify anesthesia.

### Medications

#### Scheduled Pain Medications

- **+1 Hours** OxyCONTIN
  - 10 mg, ER Tablet, PO, q12h, (for 4 dose)
  - Higher dose alternative order, if not placing OXYcontin order above, place two OXYcontin orders below.(NOTE)*
- **+1 Hours** OxyCONTIN
  - 20 mg, ER Tablet, PO, q12h, (for 2 dose)
- **+1 Days** OxyCONTIN
  - 10 mg, ER Tablet, PO, q12h, Routine, (for 2 dose)

#### PRN Medications

- **+1 Hours** acetaminophen
  - 650 mg, Tab, PO, q8h, Routine, (for 72 hr)
- **+1 Hours** oxyCODONE
  - 5 mg, Tab, PO, q4h, PRN Pain, Mild (1-3), Routine, (for 72 hr), for patients taking PO
- **+1 Hours** oxyCODONE
  - 10 mg, Tab, PO, q4h, PRN Pain, Moderate (4-7), Routine, (for 72 hr), for patients taking PO
- **+1 Hours** Dilaudid
  - 0.25 mg, Injection, IV Push, q20min, PRN Pain, Moderate (4-7), Routine, (for 72 hr), Cumulative total dose of Dilaudid = 1mg q 2 hrs.
  - Comments: PRN breakthrough pain, May administer if analgesia is inadequate AND patient is easily aroused AND respiratory rate is greater than 12 per minute.
- **+1 Hours** Dilaudid
  - 0.5 mg, Injection, IV Push, q20min, PRN Pain, Severe (8-10), Routine, (for 72 hr), Cumulative total dose of Dilaudid = 1mg q 2 hrs.
  - Comments: PRN breakthrough pain, May administer if analgesia is inadequate AND patient is easily aroused AND respiratory rate is greater than 12 per minute.
- **+1 Hours** ondansetron
  - 4 mg, Injection, IV Push, q6h, PRN Nausea, STAT, (for 72 hr)
- **+1 Hours** promethazine
  - 25 mg, Supp, PR, q8h, PRN Nausea, Routine, (for 72 hr)
  - Comments: if nausea unrelieved by ondansetron within one hour
- **+1 Hours** scopalamine 1.5 mg transdermal film, extended release
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1.5 mg, Patch, TD, once, Routine
  Comments: Place behind ear
☐ +1 Days remove scopolamine patch
  1 each, Msg, TOP, once, Routine, If scopolamine patch applied remove patch
  24 hours after administration
☐ +1 Hours loratadine
  10 mg, Tab, PO, QDay, Routine, (for 72 hr )
☐ +1 Hours nalbuphine
  5 mg, Injection, IV Push, q8h, PRN Itching, Routine, (for 72 hr )
  Comments: offer first
☐ +1 Hours diphenhydRAMINE
  25 mg, Cap, PO, q6h, PRN Itching, Routine, (for 72 hr )
  Comments: for itching unrelieved by nalbuphine after 30 min
☐ +1 Hours diphenhydRAMINE
  12.5 mg, Injection, IV Push, q6h, PRN Itching, Routine, (for 72 hr )
  Comments: If unable to tolerate PO. May repeat dose if itching
  unrelieved by nalbuphine after 30 minutes

Reversal Agent
R +1 Hours naloxone
  0.4 mg, Injection, IV Push, once, PRN Oversedation, Routine, (for 72 hr )
  Comments: if respiratory rate is less than 8 per minute or patient is
  obtunded or unarousable, give naloxone and call anesthesiologist
  immediately. Repeat if patient does not respond in 30 minutes PRN resp
  rate < 8 breaths/min or pt obtunded or unarousable. Monitor pt closely
  and repeat initial dose if pt does not respond to initial dose within 30
  minutes.

Consults/Notifications/Referrals
☐ Notify Physician-Continuing
  T;N, Notify: Anesthesia, BEFORE starting anticoagulant therapy Clopidogrel
  (PLAVIX) or Prasugrel (Effient).
☐ Notify Physician-Continuing
  T;N, Notify: Anesthesia, Anesthesia, If pt has resp rate <10 bpm, change in
  respiratory pattern or evidence of airway obstruction. Altered mental status,
  appears drowsy, obtunded or unarousable. Pain relief is deemed inadequate
  despite administration of
☐ Notify Physician-Continuing
  T;N, Notify: Anesthesia, Notify immediately if naloxone given.
☐ Notify Physician-Continuing
  T;N, Notify: Anesthesia, For inadequate analgesia

Date             Time             Physician’s Signature             MD Number

*Report Legend:
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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, see separate sheet
R-Required order