

WESTERN MARYLAND HEALTH SYSTEM
Medication Administration Record

CONTINUOUS EPIDURAL INFUSION (CADD)

Date: _____

MEDICATION ORDER	Scheduled Times	0701-1500	1501-2300	2301-0700
LOCAL ANESTHETIC INFUSION TYPE: _____ at _____ mg/mL or % concentration. (<i>circle one</i>)				
NARCOTIC TYPE: _____ at _____ mg/mL or mcg/mL (<i>circle one</i>) concentration. (Program pump in mL)				
RESERVOIR SIZE: _____ mL				
CONTINUOUS INFUSION RATE: _____ mL/hour.				
DEMAND DOSE: _____ mL				
LOCKOUT INTERVAL: _____ minutes. MAX DOSES/HOUR: _____				
Keep IV open with Lactated Ringers at _____ mL/hour if no other IV fluids running.				
If respiratory rate \leq 10/minute, or if patient is not easily awakened give Naloxone (Narcan®) 0.2mg IV. If no response in 2 minutes, may give second dose of 0.2mg IV, and call Anesthesia.				
FOR ITCHING: Diphenhydramine (Benadryl®) 25mg IV every 4 hours as needed.				
If itching persists after 2 doses of Diphenhydramine (Benadryl®), give Nalbuphine (Nubain®) 2.5mg subcutaneous every 6 hours as needed.				
If itching continues after 2 doses of Nalbuphine (Nubain®), give Naloxone (Narcan®) 0.08 mg (1mL) IV, (dilute 0.4mg Naloxone (Narcan®) with 4mL 0.9% Sodium Chloride in 5 mL syringe). May repeat once in 5 minutes.				
FOR NAUSEA: Ondansetron (Zofran®) 4mg IV slowly, if no response, may repeat once in 30 minutes.				
If nausea persists after 2 doses of Ondansetron (Zofran®), give Metoclopramide (Reglan®) 10mg IV slowly over 2 minutes, if no response, may repeat once in 3 hours.				
If nausea continues after 2 doses of Metoclopramide (Reglan®), give Prochlorperazine (Compazine®) 5mg IV every 4 hours as needed.				
** Keep ampule of Nalxone (Narcan®) 0.4 mg/mL and 3mL syringe readily available **				
** DO NOT give other narcotics or sedatives while patient is receiving this narcotic **				

SIGNATURE	INITIALS	SIGNATURE	INITIALS

