

WESTERN MARYLAND HEALTH SYSTEM
Medication Administration Record

EPIDURAL CATHETER WITH BOLUS EPIDURAL MORPHINE (DURAMORPH®)

Date: _____

Medication Order	Scheduled Times	0701-1500	1501-2300	2301-0700
This patient last received Epidural Morphine (Duramorph®) at _hours.				
If respiratory rate is 9-10/minute and patient is easily aroused, give 0.2mg Naloxone (Narcan®) IV and notify Anesthesia Department.				
If respiratory rate is 8 or less/minute and/or patient is difficult to arouse, give 0.4mg Naloxone (Narcan®) IV and notify Anesthesia Department.				
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 subcutaneously every 6 hours as needed.				
If itching continues after 2 doses of Nalbuphine (Nubain®), give Naloxone (Narcan®) 0.08mg (1mL) IV, (dilute 0.4mg Naloxone (Narcan®) with 4 mL 0.9% Sodium Chloride in 5mL 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.				
FOR PAIN RELIEF: Epidural catheter in place. Give _____ mg Epidural Morphine (Duramorph®) every _____ hours as needed via the catheter. Allow 45 minutes to assess effect of the dose and consult Anesthesia Department before repeating.				
** Keep an ampule of Naloxone (Narcan®) 0.4mg/mL and 3mL syringe with needle readily available ** ** NO other narcotics or sedatives while patient receiving Epidural Morphine ** ** NO parenteral narcotics for 6 hours from last dose of Epidural Morphine (Duramorph®), unless cleared by anesthesiologist **				

SIGNATURE	INITIALS	SIGNATURE	INITIALS

