

**WESTERN MARYLAND HEALTH SYSTEM
Medication Administration Record**

OB LABOR EPIDURAL

Date: _____

Date	Medication Orders	Scheduled Times	0701-1500	1501-2300	2301-0700
	Local Anesthetic/Narcotic Infusion:				
	Fentanyl 2mcg/mL/Ropivacaine 0.1% - 1mg/mL				
	OR				
	Fentanyl/Bupivacaine (Marcaine®) 2 mcg/mL / 1/8% epidural				
	Reservoir size _____ mL				
	Continuous infusion rate _____ mL/hour				
	Initial bolus _____ mL				
	Demand dose _____ mL				
	Lockout interval _____ minimum _____ maximum doses/hour.				
	For blood pressure, decrease of 30 mmHg systolic/15 mmHg diastolic or non-reassuring fetal heart rate changes: Give Ephedrine _____ mg Intravenous. May repeat every 5 minutes until blood pressure above 100 mmHg systolic. If no resolution, call Anesthesia and Obstetrician.				
	If respiratory rate ≤ 10/minute or if patient not easily awakened, give Naloxone (Narcan®) 0.2 mg Intravenous and call Anesthesia.				
	Naloxone (Narcan®) 0.2 mg Intravenous may be repeated if no response in 2 minutes and respiratory rate is still less than or equal to 10/minute.				

****DO NOT give other narcotics or sedatives while Epidural Infusion is running or within one hour after epidural infusion is discontinued without contacting Anesthesia prior to giving. ****
****Ephedrin 5 mg/mL, 10 mL syringe immediately available for use ****

SIGNATURE	INITIALS	SIGNATURE	INITIALS