

WESTERN MARYLAND HEALTH SYSTEM
Physician Orders

REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS

DOCTORS ORDERS CONTINUOUS EPIDURAL INFUSION (CADD) ORDERS	CHECK OFF/ INITIALS
1. Local anesthetic infusion type _____ at _____ mg/mL or % concentration.	
2. Narcotic type _____ at _____ mg/mL or mcg/mL concentration. (Program pump in mL).	
3. Reservoir size: _____ mL	
4. Continuous infusion rate: _____ mL/hour	
5. Bolus _____ mL of ordered infusion on arrival to PACU.	
6. Demand dose: _____ mL	
7. Lockout interval: _____ minute(s) Max doses/hour: _____	
8. If no other Intravenous ordered, then keep vein open with Lactated Ringers.	
9. Keep ampule of Naloxone (Narcan®) 0.4 mg/mL and 3 mL syringe readily available.	
10. Use Patient Analgesia monitoring sheet, if applicable.	
11. If placed on infusion pump instead of CADD PCA device, the following must be instituted:	
a. Infusion pump must be labeled "Epidural line only— NOT AN INTRAVENOUS ACCESS ".	
b. Place a label above patient's headboard "Patient is receiving Epidural Narcotics". Label front of chart and catheter with green "Epidural" tape similarly.	
12. Check respiratory rate, blood pressure, level of sedation and analgesia, document every 15 minutes times four, every 30 minutes times two, every one hour times six, then every two hours until discontinued. If rate of administration is changed, observe patient, document findings as appropriate until patient is stable. Then resume every two hours. If respiratory rate less than or equal to 10/minute, or patient not easily awakened, give Naloxone (Narcan®) 0.2 mg intravenous. If no response in two minutes, may give second dose of 0.2mg intravenous and call Anesthesia. If a narcotic was not ordered as part of the infusion, do not use Naloxone (Narcan®) for symptom reversal, but call Anesthesia STAT.	
13. For Itching:	
a. Diphenhydramine (Benadryl®) 25mg Intravenous every four hours as needed.	
b. If itching persists after 2 doses of Diphenhydramine (Benadryl®), give Nalbuphine (Nubain®) 2.5 mg subcutaneous every 6 hours as needed.	
c. If itching continues after 2 doses of Nalbuphine (Nubain®), give Naloxone (Narcan®) 0.08 mg (1 mL) Intravenous, (dilute 0.4 mg. Naloxone (Narcan®) with 4 mL 0.9% Sodium Chloride in 5 mL syringe). May repeat once in 5 minutes.	
14. For nausea:	
a. Ondansetron (Zofran®) 4 mg. Intravenous slowly, if no response, may repeat once in 30 minutes.	
b. If nausea persists after 2 doses of Ondansetron (Zofran®), give Metoclopramide (Reglan®)10 mg. Intravenous slowly over 2 minutes, if no response, may repeat once in 3 hours.	
c. If nausea continues after 2 doses of Metoclopramide (Reglan®), give Prochlorperazine (Compazine®) 5 mg. Intravenous every 4 hours as needed.	
15. Do not give other narcotics or sedatives while patient is receiving this narcotic.	
16. If there is a problem with infusion pump, contact Intravenous Therapy.	
17. For inadequate analgesia contact on-call CRNA or anesthesiologist.	
Discontinue orders for Naloxone (Narcan®), Ondansetron (Zofran®), Prochlorperazine (Compazine®), Metoclopramide (Reglan®), Nalbuphine (Nubain®), and Diphenhydramine (Benadryl®) 24 hours after Epidural PCA is discontinued.	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature

