

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

DOCTORS ORDERS	CHECK OFF/ INITIALS
MANAGEMENT OF PATIENT WITH EPIDURAL CATHETER WHO IS TO RECEIVE BOLUS EPIDURAL MORPHINE (DURAMORPH®)	
1. This patient last received Epidural Morphine (Duramorph®) at _____ hour(s).	
2. Keep an ampule of Naloxone (Narcan®) 0.4mg/mL & 3mL syringe with needle readily available.	
3. Check the patient's respiratory rate (without disturbing the patient-if possible) every hour for 24 hours after each/last dose of Epidural Morphine.	
4. If the patient's respiratory rate is 9-10/minute and patient is easily aroused, give 0.2mg Naloxone (Narcan®) Intravenous and notify Anesthesia Department.	
5. If the patient's respiratory rate is 8 or less/minute and/or patient is difficult to arouse, give 0.4mg Naloxone (Narcan) Intravenous and notify Anesthesia Department.	
6. For itching:	
a. Diphenhydramine (Benadryl®) 25mg Intravenous every 4 hours as needed.	
b. If itching persists after 2 doses of Diphenhydramine (Benadryl®), give Nalbuphine (Nubain®) 2.5mg subcutaneously every 6 hours as needed.	
c. If itching continues after 2 doses of Nalbuphine (Nubain®), give Naloxone (Narcan®) 0.08mg (1mL) Intravenous, (dilute 0.4mg Naloxone (Narcan®) with 4 mL 0.9% Sodium Chloride in 5mL syringe). May repeat once in 5 minutes.	
7. For nausea:	
a. Ondansetron (Zofran®) 4mg Intravenous slowly, if no response, may repeat once in 30 minutes.	
b. If nausea persists after 2 doses of Ondansetron (Zofran®), give Metoclopramide (Reglan®) 10mg 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®) 5mg Intravenous every 4 hours as needed.	
8. If patient is unable to void, call Anesthesia Department.	
9. 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.	
10. Call Anesthesia Department to remove Epidural Catheter if no injections given for 24 hours.	
11. Keep Intravenous in place while catheter is present.	
12. No other narcotics or sedatives while patient receiving Epidural Morphine.	
13. When Epidural discontinued call attending physician for further pain med orders.	
14. No parenteral narcotics for 6 hours from last dose of Epidural Morphine (Duramorph®), unless cleared by anesthesiologist.	
15. Discontinue orders for Naloxone (Narcan®), Nabuphine (Nubain®), Diphenhydramine (Benadryl®), Metoclopramide(Reglan®), Prochlorperazine (Compazine®), and Ondansetron (Zofran®) after 24 hours.	
Physician/Date/Time: _____	Nurse/Date/Time: _____
Secretary/Date/Time: _____	

Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Fax to Pharmacy