

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

DOCTORS ORDERS On-Q / I-flow Pain Pump Protocol	CHECK OFF/ INITIALS
1. Local Anesthetic Type: <input type="checkbox"/> Bupivacaine (Marcaine®) <input type="checkbox"/> 0.125% <input type="checkbox"/> 0.25% <input type="checkbox"/> 0.5% <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ropivacaine (Naropin®) <input type="checkbox"/> 0.2% <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
2. Fill Volume X Flow Rate: <u>400mL times 4mL/hour (dual catheter = 2mL per site)</u>	
3. Monitor Pump: a. Keep CLAMPS OPEN unless directed otherwise by surgeon. b. Tubing NOT KINKED. c. Filter NOT TAPED OR COVERED. d. Flow restrictor in direct contact with or taped to skin, away from cold therapy.	
4. Assess patients pain and administer post-op pain meds as ordered.	
5. Monitor patient for the following symptoms. Immediately <u>clamp tubing</u> and call the surgeon: a. Increase in pain. b. Redness, warmth, discharge or excessive bleeding from the catheter site. c. Pain, swelling and/or a large bruise around the catheter site. d. Dizziness, lightheadedness e. Blurred vision f. Ringing, buzzing in ears g. Metal taste in mouth h. Numbness and/or tingling around the mouth, fingers or toes i. Drowsiness j. Confusion	
6. Do not reuse or refill pump – single use only.	
7. Physician/Surgeon to remove catheter.	

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

Original to Patient's Chart

Fax to Pharmacy

