

Nursing

Vital Signs

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	<p>Routine, Per unit protocol On arrival to Floor (Nurse to schedule vitals):</p> <ul style="list-style-type: none"> -Every 30 Minutes for 2 Times (First 1 Hour) -Then, every 2 Hours for 2 Times (Next 4 Hours) -Then, every 4 Hours until epidural is discontinued, PACU & Post-op
<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	<p>Routine, Per unit protocol PACU/ICU ONLY with continuous pulse oximetry, PACU & Post-op</p>
<input type="checkbox"/> Pulse oximetry	<p>Routine, Continuous Current FIO2 or Room Air: With alarm, PACU & Post-op</p>

Assessments

<input checked="" type="checkbox"/> Neurological assessment	<p>Routine, Every hour Assessment to Perform: Level of Sedation</p> <ul style="list-style-type: none"> -Assess Level of Sedation every hour for 4 times (4 hours total), then every 4 hours until epidural is discontinued -If any of the following occur, STOP pump and notify APMS or Anesthesia: Respiratory rate 10 per minute or less, confusion/disorientation or difficulty arousing, sustained HYPOtension (SBP less than 90) -If epidural catheter is disconnected, cover exposed tip of catheter with sterile 4x4 and notify APMS or Anesthesia, PACU & Post-op
<input checked="" type="checkbox"/> Peripheral vascular assessment	<p>Routine, Every shift</p> <ul style="list-style-type: none"> -Every shift -Check epidural catheter connector for leakage every shift -Check epidural site for leakage, bleeding or signs of infection every shift -If any of the following occur, STOP pump and notify APMS or anesthesia and increase frequency of monitoring to every 2 hours until symptoms resolve: Ringing in the ears, metallic taste, visual disturbances, circumoral numbness or tingling, numbness/weakness of lower extremities, PACU & Post-op
<input checked="" type="checkbox"/> Pain Documentation	<p>Routine, Until discontinued, Starting S</p> <ul style="list-style-type: none"> -Every 4 hours, document the level of pain utilizing the pain scale -Every 4 hours, use the 'Pain Management Record' to document infusion settings, quality of respiration, level of sedation, side effects and site assessment, PACU & Post-op

Activity

<input checked="" type="checkbox"/> Ambulate as tolerated	Routine, As needed Specify: -Per primary service -Before ambulation, ensure movement and sensation to lower extremities are intact -For any weakness/numbness notify APMS or Anesthesia and DO NOT ambulate until symptoms resolve, PACU & Post-op
<input checked="" type="checkbox"/> Patient may not shower	Routine, Until discontinued, Starting S Until epidural catheter is removed, PACU & Post-op

Nursing

<input checked="" type="checkbox"/> No narcotics, antiemetics, sedatives, or other CNS depressant given unless ordered or approved by anesthesiologist	Routine, Until discontinued, Starting S, PACU & Post-op
<input checked="" type="checkbox"/> Maintain IV access	Routine, Continuous -Maintain IV Access while epidural catheter is in place and for 4 hours after epidural is discontinued, PACU & Post-op
<input checked="" type="checkbox"/> Straight cath	Routine, As needed For 1 Occurrences For urinary retention, if patient unable to void for 6 hours, Nurse may straight cath once and notify APMS or Anesthesia, PACU & Post-op
<input checked="" type="checkbox"/> Saline lock if IV fluid discontinued	Routine, Continuous -Flush peripheral IV with 10mL 0.9% sodium chloride every 12 hours, PACU & Post-op
<input checked="" type="checkbox"/> Label door	Routine, Until discontinued, Starting S -with 'EPIDURAL ANALGESIA PATIENT', PACU & Post-op

Notify APMS or Anesthesia

<input checked="" type="checkbox"/> Notify APMS or Anesthesia	Routine, Until discontinued, Starting S, -Upon arrival to PACU or ICU contact APMS pager 281-262-2893 or EXT 11734 -Epidural infusion is discontinued for any reason -Epidural infusion rate change of 1mL above baseline of 8mL/hr is not enough to keep patient comfortable -Prior to administration of narcotics, antiemetics, or sedative other than those ordered by APMS or Anesthesia -Prior to initiation of any anticoagulant therapy (i.e., warfarin (Coumadin), heparin, dalteparin (Fragmin), enoxaparin (Lovenox), fondaparinux (Arixtra), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa)), PACU & Post-op
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IV Fluids

Peripheral IV Access

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once, PACU & Post-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, PACU & Post-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, PACU & Post-op

IV Boluses (Single Response)

() sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, PACU & Post-op
() sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, PACU & Post-op

() lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses, PACU & Post-op
() lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses, PACU & Post-op

Maintenance IV Fluids (Single Response)

() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, PACU & Post-op
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous, PACU & Post-op
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous, PACU & Post-op
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, PACU & Post-op
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, PACU & Post-op

Medications

Epidural Solutions - HMM Only (Single Response)

() bupivacaine (PF) 0.1% + fentaNYL 3 mcg/mL epidural solution	<p>epidural, continuous, PACU & Post-op Epidural Adjustments:</p> <ol style="list-style-type: none"> 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control. 2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour. 3) Supplemental analgesia may be given if analgesia is inadequate, level of sedation of 2 or less, respiratory rate is 12 or more and rate increase is not indicated. May increase PCEA dose by 0.5mL twice. PCEA dose may not exceed 2mL. Continuous Rate (mL/hr): 5 ml/hr PCEA Dose (mL): 2 mL PCEA lock (Minutes): 20 Minutes One Hour Limit (mL): 15 mL
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() bupivacaine (PF) 0.0625 % + fentaNYL 5 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.

2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour.

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Continuous Rate (mL/hr): 5 ml/hr

PCEA Dose (mL): 2 mL

PCEA lock (Minutes): 20 Minutes

One Hour Limit (mL): 15 mL

() bupivacaine (PF) 0.1 % + fentaNYL 5 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

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Continuous Rate (mL/hr): 5 ml/hr

PCEA Dose (mL): 2 mL

PCEA lock (Minutes): 20 Minutes

One Hour Limit (mL): 15 mL

() bupivacaine (PF) 0.0625% + fentaNYL 10 mcg/mL
epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

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Continuous Rate (mL/hr): 5 ml/hr

PCEA Dose (mL): 2 mL

PCEA lock (Minutes): 20 Minutes

One Hour Limit (mL): 15 mL

() bupivacaine (PF) 0.1% + HYDRomorphone 10 mcg/mL
epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.

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Continuous Rate (mL/hr): 5 ml/hr

PCEA Dose: 2 mL

PCEA lock (Minutes): 20 Minutes

One Hour Limit (mL): 15 mL

() bupivacaine (PF) 0.1% + HYDRomorphone 20 mcg/mL epidural solution

250 mL, epidural, continuous, PACU & Post-op
Epidural Adjustments:

- 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.
- 2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour.
- 3) Supplemental analgesia may be given if analgesia is inadequate, level of sedation of 2 or less, respiratory rate is 12 or more and rate increase is not indicated. May increase PCEA dose by 0.5mL twice. PCEA dose may not exceed 2mL.
Continuous Rate (mL/hr): 5 ml/hr
PCEA Dose: 2 mL
PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

() ropivacaine (PF) 0.2% epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

- 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.
- 2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour.
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Continuous Rate (mL/hr): 6 ml/hr
PCEA Dose (mL): 2 mL
PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

Epidural Solutions - HMSJ Only (Single Response)

() bupivacaine (PF) 0.1% + fentaNYL 3 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

- 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.
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Continuous Rate (mL/hr): 5 ml/hr
PCEA Dose (mL): 2 mL
PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

() bupivacaine (PF) 0.1 % + fentaNYL 5 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

- 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.
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Continuous Rate (mL/hr): 5 ml/hr
PCEA Dose (mL): 2 mL
PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

Epidural Solutions - HMSL Only (Single Response)

<p>() bupivacaine (PF) 0.1% + fentaNYL 3 mcg/mL epidural solution</p>	<p>epidural, continuous, PACU & Post-op Epidural Adjustments:</p> <ol style="list-style-type: none"> 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control. 2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour. 3) Supplemental analgesia may be given if analgesia is inadequate, level of sedation of 2 or less, respiratory rate is 12 or more and rate increase is not indicated. May increase PCEA dose by 0.5mL twice. PCEA dose may not exceed 2mL. Continuous Rate (mL/hr): 5 ml/hr PCEA Dose (mL): 2 mL PCEA lock (Minutes): 20 Minutes One Hour Limit (mL): 15 mL
<p>() bupivacaine (PF) 0.1 % + fentaNYL 5 mcg/mL epidural solution</p>	<p>epidural, continuous, PACU & Post-op Epidural Adjustments:</p> <ol style="list-style-type: none"> 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control. 2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour. 3) Supplemental analgesia may be given if analgesia is inadequate, level of sedation of 2 or less, respiratory rate is 12 or more and rate increase is not indicated. May increase PCEA dose by 0.5mL twice. PCEA dose may not exceed 2mL. Continuous Rate (mL/hr): 5 ml/hr PCEA Dose (mL): 2 mL PCEA lock (Minutes): 20 Minutes One Hour Limit (mL): 15 mL

Epidural Solutions - HMW Only (Single Response)

() bupivacaine (PF) 0.1% + fentaNYL 3 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

- 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.
- 2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour.
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Continuous Rate (mL/hr): 5 ml/hr
PCEA Dose (mL): 2 mL
PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

() ropivacaine (PF) 0.2% epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

- 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.
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Continuous Rate (mL/hr): 6 ml/hr
PCEA Dose (mL): 2 mL
PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

Epidural Solutions - HMTW Only (Single Response)

(X) ropivacaine (PF) 0.2% + fentanyl 2 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.

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Continuous Rate (mL/hr): 6 ml/hr

PCEA Dose (mL): 2 mL

PCEA lock (Minutes): 30 Minutes

One Hour Limit (mL): 10 mL

() ropivacaine (NAROPIN) 0.2 % epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

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Continuous Rate (mL/hr): 6 ml/hr

PCEA Dose (mL): 2 mL

PCEA lock (Minutes): 30 Minutes

One Hour Limit (mL): 10 mL

Epidural Solutions - HMWB Only (Single Response)

() bupivacaine (PF) 0.1% + fentaNYL 3 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

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PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

() bupivacaine (PF) 0.0625 % + fentaNYL 5 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

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epidural, continuous, PACU & Post-op
Epidural Adjustments:

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() bupivacaine (PF) 0.0625% + fentaNYL 10 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

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Continuous Rate (mL/hr): 5 ml/hr
PCEA Dose (mL): 2 mL
PCEA lock (Minutes): 20 Minutes
One Hour Limit (mL): 15 mL

() ropivacaine (PF) 0.2% epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.

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Continuous Rate (mL/hr): 6 ml/hr

PCEA Dose (mL): 2 mL

PCEA lock (Minutes): 20 Minutes

One Hour Limit (mL): 15 mL

Epidural Solutions - HMSTJ Only (Single Response)

() bupivacaine (PF) 0.1% + fentaNYL 3 mcg/mL epidural solution

epidural, continuous, PACU & Post-op
Epidural Adjustments:

1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control.

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Continuous Rate (mL/hr): 5 ml/hr

PCEA Dose (mL): 2 mL

One Hour Limit (mL): 20 mL

PCEA lock (Minutes): 15 Minutes

<input type="checkbox"/> bupivacaine (PF) 0.1 % + fentaNYL 5 mcg/mL epidural solution	epidural, continuous, PACU & Post-op Epidural Adjustments: 1) Wean infusion to decrease side effects and to facilitate weaning. Decrease rate by 1mL per hour every 60 minutes for itching, nausea, urinary retention, numbness and/or weakness. Consider supplemental analgesia for inadequate pain control. 2) If analgesia is inadequate, level of sedation of 2 or less and respiratory rate is 12 or more, may increase infusion by 0.5mL per hour two times for inadequate analgesia. Notify APMS or Anesthesia if there is an increase of 1mL above baseline or total continuous infusion of 8 mL per hour. 3) Supplemental analgesia may be given if analgesia is inadequate, level of sedation of 2 or less, respiratory rate is 12 or more and rate increase is not indicated. May increase PCEA dose by 0.5mL twice. PCEA dose may not exceed 2mL. Continuous Rate (mL/hr): 5 ml/hr PCEA Dose (mL): 2 mL PCEA lock (Minutes): 20 Minutes One Hour Limit (mL): 15 mL
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Supplemental Analgesia (Pain Score 4-6 and 7-10)

<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	
Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.	
<input type="checkbox"/> For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
<input type="checkbox"/> For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
<input type="checkbox"/> oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), PACU & Post-op If analgesia is inadequate, patient is easily aroused, respiratory rate is GREATER than or EQUAL to 12 per minute, and rate increase is NOT indicated. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen (total from all sources) per day in adults.
<input type="checkbox"/> oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), PACU & Post-op If analgesia is inadequate, patient is easily aroused, respiratory rate is GREATER than or EQUAL to 12 per minute, and rate increase is NOT indicated. Monitor and record pain scores and respiratory status. Maximum of 3 grams of acetaminophen (total from all sources) per day in adults.

Antiemetics - HMH, HMSJ, HMW, HMSTC, HMTW Only

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral "Or" Linked Panel	
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & Post-op Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU & Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

[X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	6.25 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSL, HMWB Only

[X] ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU & Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	6.25 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

[X] ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, PACU & Post-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU & Post-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	6.25 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Itching: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, every 3 hours PRN, itching, PACU & Post-op
<input type="checkbox"/> nalbuphine (NUBAIN) injection	2 mg, intravenous, every 4 hours PRN, itching, PACU & Post-op Do NOT exceed MAXIMUM dose of 10 mg over 6 hours.

Itching: For Patients GREATER than 70 years old (Single Response)

<input type="checkbox"/> cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching, PACU & Post-op Use as an alternative to diphenhydramine in this age group.
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Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, PACU & Post-op If respiratory rate is GREATER than or EQUAL to 12.
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, PACU & Post-op

Insomnia: For Patients GREATER than 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, PACU & Post-op
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Respiratory Depression / Over Sedation

<input checked="" type="checkbox"/> naloxone (NARCAN) injection	0.1 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., For 1 Doses, PACU & Post-op Repeat Naloxone 0.1 mg once in 3 minutes if necessary (MAXIMUM 0.6 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times. Notify APMS or Anesthesia for any naloxone administration and monitor patient closely.
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Respiratory**Respiratory**

<input checked="" type="checkbox"/> Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 95% Indications for O2 therapy: PACU & Post-op
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