

Peripheral Nerve Block [1653]

Outpatient

PACU/AOD Notifications and Discharge Instructions

<input type="checkbox"/> Discharge instructions	Routine, Once -Discharge home with pump after instructions given and discharge criteria are met, PACU
<input type="checkbox"/> Notify Acute Pain Management Service	Routine, Until discontinued, Starting S, -When patient arrives to Post Anesthesia Care Unit for pump attachment -When patient and family are in the AOD for pump instructions, PACU

Nursing

Vitals

<input checked="" type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 30 min Nurse to reschedule vitals to schedule: -Every 30 Minutes for 2 Times (First 1 Hour) -Then, every 2 Hours for 2 Times (Next 4 Hours) -Then, every 4 Hours (After first 5 Hours) for duration of therapy, PACU & Post-op
<input checked="" type="checkbox"/> Neurological assessment	Routine, Every 8 hours Assessment to Perform: Level of Sedation -Until numbness/weakness resolved, then every shift, PACU & Post-op

Nursing

<input checked="" type="checkbox"/> No analgesics, antiemetics, or sedative unless ordered by Anesthesia Pain Management Service	Routine, Until discontinued, Starting S, PACU & Post-op
<input checked="" type="checkbox"/> Maintain IV access	Routine, Until discontinued, Starting S Maintain IV access until nerve blocks discontinued, PACU & Post-op

Notify

<input checked="" type="checkbox"/> Notify Acute Pain Management Service	Routine, Until discontinued, Starting S, -Contact AMPS for any worsening or unresolved numbness or weakness to lower extremities -Contact APMS and STOP infusion with confusion, disorientation, visual disturbances, ringing in ears, metallic taste or numbness/tingling around mouth -For questions or problems, contact APMS at 281-262-2893., PACU & Post-op
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Medications

Ambit Pump Ropivacaine 0.2% for Regional Block (HMH, HMWB, HMTW Only)

<input type="checkbox"/> ropivacaine 0.2% (PF) (NAROPIN) solution for Ambit Pump	400 mL, injection, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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Ambit Pump Ropivacaine 0.2% for Regional Block (HMW Only)

[] ropivacaine 0.2% (PF) (NAROPIN) solution for Ambit Pump	injection, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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Ambit Pump for Regional Block (HMSJ Only) (Single Response)

() ropivacaine 0.2% (PF) (NAROPIN) solution for Ambit Pump	400 mL, infiltration, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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() ropivacaine 0.1% (PF) (NAROPIN) solution for Ambit Pump	400 mL, infiltration, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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CADD Pump Ropivacaine 0.2% for Regional Block (HMH, HMTW, HMWB Only)

[] ropivacaine (PF) 0.2% (NAROPIN) for Regional Block	250 mL, injection, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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On-Q Pump Ropivacaine for Regional Block (HMH Only) (Single Response)

() ropivacaine 0.2% (PF) (NAROPIN) solution for On-Q Pump	270 mL, injection, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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() ropivacaine 0.5% (PF) (NAROPIN) solution for On-Q Pump	270 mL, injection, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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On-Q Pump for Regional Block (HMWB Only) (Single Response)

() ropivacaine 0.2% (PF) (NAROPIN) solution for On-Q Pump	400 mL, infiltration, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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() bupivacaine 0.25% (PF) (MARCAINE) solution for On-Q Pump	400 mL, infiltration, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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() bupivacaine 0.5% (PF) (MARCAINE) solution for On-Q Pump	400 mL, infiltration, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):
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ON-Q Pump for Regional Block (HMW Only) (Single Response)

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|---|---|
| <input type="checkbox"/> ropivacaine 0.2% (PF) (NAROPIN) solution for On-Q Pump | 270 mL, infiltration, continuous, PACU & Post-op
Regional Block:
Location:
Catheter:
Continuous Rate:
Bolus Dose (Optional): |
| <input type="checkbox"/> bupivacaine 0.25% (PF) (MARCAINE) solution for On-Q Pump | 270 mL, infiltration, continuous, PACU & Post-op
Regional Block:
Location:
Catheter:
Continuous Rate:
Bolus Dose (Optional): |
| <input type="checkbox"/> bupivacaine 0.5% (PF) (MARCAINE) solution for On-Q Pump | 270 mL, infiltration, continuous, PACU & Post-op
Regional Block:
Location:
Catheter:
Continuous Rate:
Bolus Dose (Optional): |

On-Q Pumps for Regional Block (HMSL Only) (Single Response)

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| <input type="checkbox"/> ropivacaine 0.2% (PF) (NAROPIN) solution for On-Q Pump | 400 mL, infiltration, continuous, PACU & Post-op
Regional Block:
Location:
Catheter:
Continuous Rate:
Bolus Dose (Optional): |
| <input type="checkbox"/> ropivacaine 0.5% (PF) (NAROPIN) solution for On-Q Pump | 400 mL, infiltration, continuous, PACU & Post-op
Regional Block:
Location:
Catheter:
Continuous Rate:
Bolus Dose (Optional): |
| <input type="checkbox"/> bupivacaine 0.25% (PF) (MARCAINE) solution for On-Q Pump | 400 mL, infiltration, continuous, PACU & Post-op
Regional Block:
Location:
Catheter:
Continuous Rate:
Bolus Dose (Optional): |
| <input type="checkbox"/> bupivacaine 0.5% (PF) (MARCAINE) solution for On-Q Pump | infiltration, continuous, PACU & Post-op
Regional Block:
Location:
Catheter:
Continuous Rate:
Bolus Dose (Optional): |

Muscle Relaxers

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| <input type="checkbox"/> methocarbamol (ROBAXIN) tablet | 500 mg, oral, every 8 hours PRN, muscle spasms, For 3 Doses, PACU & Post-op |
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Mild Pain (Pain Score 1-3)

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| <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 |

() 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
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Moderate Pain (Pain Score 4-6)

[] oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), PACU & Post-op
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Severe Pain (Pain Score 7-10)

[] oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), PACU & Post-op
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Respiratory

[X] naloxone (NARCAN) injection	0.2 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 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 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.
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Antiemetics - HHM, HMSJ, HMW, HMSTC, HMTW 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 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.

<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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

<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.
<input checked="" type="checkbox"/> promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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.

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
<input type="checkbox"/> temazepam (RESTORIL) capsule	15 mg, oral, nightly PRN, sleep, PACU & Post-op
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, PACU & Post-op

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

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