

# 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 APMS 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)

<input type="checkbox"/> 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)

<input type="checkbox"/> 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):
<input type="checkbox"/> 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):

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

<input type="checkbox"/> 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)

<input type="checkbox"/> 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):
<input type="checkbox"/> 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):

#### On-Q Pump for Regional Block (HMWB Only) (Single Response)

<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"/> 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	400 mL, infiltration, continuous, PACU & Post-op Regional Block: Location: Catheter: Continuous Rate: Bolus Dose (Optional):

### ON-Q Pump for Regional Block (HMW Only) (Single Response)

( ) 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):
( ) 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):
( ) 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)

( ) 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):
( ) 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):
( ) 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):
( ) 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

[ ] 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)

[ ] 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.
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( ) 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
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( ) 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

#### 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

#### 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

#### 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.

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

[X] ondansetron (ZOFTRAN) IV or Oral	<b>"Or" Linked Panel</b>
[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	<b>"Or" Linked Panel</b>
[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	<b>"Or" Linked Panel</b>
[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	<b>"Or" Linked Panel</b>
[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 (ZOFRAN) 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 (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

#### Antiemetics - HMSTJ Only

[X] ondansetron (ZOFRAN) IV or Oral	<b>"Or" Linked Panel</b>
[X] ondansetron ODT (ZOFRAN-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 (ZOFRAN) 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	<b>"Or" Linked Panel</b>
[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 (ZOFRAN) 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 (ZOFRAN) 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 (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

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

( ) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, PACU & Post-op
( ) temazepam (RESTORIL) capsule	15 mg, oral, nightly PRN, sleep, PACU & Post-op
( ) 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)

( ) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, PACU & Post-op
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