

Nursing

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<input type="checkbox"/> Bedside glucose	Routine, Once For 1 Occurrences Via Finger Stick or Serum for all diabetic patients on arrival to PACU, PACU
<input type="checkbox"/> Notify Anesthesia	Routine, Until discontinued, Starting S, If glucose is below 70 mg/dL or above 250 mg/dL, PACU
<input type="checkbox"/> Bedside glucose	Routine, Conditional Frequency For 1 Occurrences Via serum or finger stick for all diabetic patients on arrival to PACU, PACU
<input type="checkbox"/> Ok to use Central Line	Routine, Until discontinued, Starting S Device: Central Line PACU
<input type="checkbox"/> Discontinue arterial line	Routine, Once Prior to discharge from the PACU, PACU
<input type="checkbox"/> Deaccess Port-A-Cath	Routine, Once, PACU

IV Fluids

Maintenance IV Fluids (Single Response)

<input type="checkbox"/> lactated Ringer's infusion	30 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> For patients on dialysis OR coming for dialysis access - sodium chloride 0.9 % infusion	30 mL/hr, intravenous, continuous, Post-op
<input type="checkbox"/> For patients diagnosed with Renal Failure and/or CHF - sodium chloride 0.9 % infusion	500 mL, intravenous, at 30 mL/hr, PRN, If Patient diagnosed with Renal Failure and/or Congestive Heart Failure, Post-op

Post-Op Medications

Post-Op Pain Medications: Option 1 (Single Response)

<input type="checkbox"/> Option 1 (Single Response)	
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 5 min PRN, severe pain (score 7-10), For 6 Doses, PACU Option 1 Medication: Monitor and record pain scores and respiratory status.
<input type="checkbox"/> morPHINE injection	3 mg, intravenous, every 5 min PRN, severe pain (score 7-10), For 5 Doses, PACU Option 1 Medication: Monitor and record pain scores and respiratory status.
<input type="checkbox"/> HYDROmorphone (DILAUDID) injection	0.3 mg, intravenous, every 5 min PRN, severe pain (score 7-10), For 6 Doses, PACU Option 1 Medication: Monitor and record pain scores and respiratory status.

Post-Op Pain Medications: Option 2 (Single Response)

Option 2 will only be administered ONLY if patient has failed to achieve adequate pain relief from Option 1 maximum dose

<input type="checkbox"/> Option 2 (Single Response)	
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 5 min PRN, severe pain (score 7-10), For 6 Doses, PACU Option 2 Medication: Option 2 will only be administered ONLY if patient has failed to achieve adequate pain relief from Option 1 maximum dose Monitor and record pain scores and respiratory status.

<input type="checkbox"/> morPHINE injection	3 mg, intravenous, every 5 min PRN, severe pain (score 7-10), For 5 Doses, PACU Option 2 Medication: Option 2 will only be administered ONLY if patient has failed to achieve adequate pain relief from Option 1 maximum dose Monitor and record pain scores and respiratory status.
<input type="checkbox"/> HYDRomorphone (DILAUDID) injection	0.3 mg, intravenous, every 5 min PRN, severe pain (score 7-10), For 6 Doses, PACU Monitor and record pain scores and respiratory status.Option 2 Medication: Option 2 will only be administered ONLY if patient has failed to achieve adequate pain relief from Option 1 maximum dose Monitor and record pain scores and respiratory status.

Post-Op Pain Medications: Additional

<input type="checkbox"/> acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, for 15 Minutes, once, For 1 Doses, PACU IV acetaminophen (Ofirmev) is restricted to use only in OR, PACU, or ICU areas, and for patients that cannot tolerate oral, per tube, or rectal routes of administration. Do you attest that this restriction has been met?
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No Analgesics Indicated for Post Op Pain Management

<input type="checkbox"/> Anesthesia communication	Routine, Until discontinued, Starting S No analgesics indicated for post op pain management, PACU
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Post-Op Shivering

<input type="checkbox"/> meperidine (DEMEROL) injection	12.5 mg, intravenous, every 5 min PRN, shivering, For 2 Doses, PACU May give a second dose of 12.5 milligrams after 5 minutes if patient continues to shiver. For PACU Use Only. Monitor and record respiratory status. Formulary approved non-pain management indication(s) :
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naloxone (NARCAN) - for Respiratory Depression

For patients with Respiratory Rate LESS than 8 per minute OR if patient is stuporous or unarousable.

<input type="checkbox"/> naloxone (NARCAN) injection	0.1 mg, intravenous, every 1 min PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., PACU Repeat Naloxone 0.1 mg once in 2 minutes if necessary (MAXIMUM 0.2 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 Anesthesia if administered.
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Post-Op Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, once PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) IV	6.25 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.

Post-Op Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, once PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	6.25 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting, PACU 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 type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, once PRN, nausea, vomiting, PACU Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, once PRN, nausea, vomiting, PACU Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in 50 mL NS IVPB	12.5 mg, intravenous, at 100 mL/hr, for 30 Minutes, every 6 hours PRN, nausea, vomiting, PACU 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. If there are active tasks available for both ondansetron and promethazine, you may administer promethazine if ondansetron is ineffective. Give through a large vein (avoid hand or wrist if possible). STOP administration if pain, redness, or burning occurs. Doses greater than 12.5 mg can only be administered via CENTRAL access.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antihypertensives

<input type="checkbox"/> labetalol (NORMODYNE, TRANDATE) injection vial	10 mg, intravenous, every 15 min PRN, high blood pressure, for Systolic Blood Pressure GREATER than 160., For 2 Doses, PACU Do not give if heart rate is LESS than 60 beats per minute. Maximum daily dose of 20 mg. For PACU Use Only
<input type="checkbox"/> hydrALAZINE (APRESOLINE) injection	5 mg, intravenous, every 20 min PRN, high blood pressure, for Systolic Blood Pressure GREATER than 160., For 2 Doses, PACU Use for heart rate LESS than 60 beats per minute. Maximum Daily Dose of 10 mg. For PACU Use Only BP HOLD parameters for this order: Contact Physician if:

Post-Op Muscle Relaxers

<input type="checkbox"/> methocarbamol (ROBAXIN) 750 mg in sodium chloride 0.9 % 100 mL IVPB	750 mg, intravenous, for 60 Minutes, once PRN, muscle spasms, spasms, PACU
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Post-Op Anxiolytics (Single Response)

<input type="checkbox"/> midazolam (VERSED) injection	2 mg, intravenous, once PRN, anxiety, PACU Indication(s):
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<input type="checkbox"/> LORazepam (ATIVAN) injection	0.5 mg, intravenous, once PRN, anxiety, may repeat one time in 10 minutes., PACU Indication(s): Anxiety
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Post-Op Respiratory

<input type="checkbox"/> albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, once, For 1 Doses, PACU Aerosol Delivery Device:
<input type="checkbox"/> ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, once, For 1 Doses, PACU Aerosol Delivery Device:

Post-Op Itching

<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection	25 mg, intravenous, once PRN, itching, PACU Diphenhydramine (BENADRYL) injection is the 1st choice for itching.
<input type="checkbox"/> nalbuphine (NUBAIN) injection	2 mg, intravenous, every 2 hour PRN, itching, PACU Nalbuphine (NUBAIN) injection is the 2nd option for itching if diphenhydramine (BENADRYL) is ineffective.

Post-Op Infusions

<input type="checkbox"/> dexMEDEtomidine (PREcedex) 4 mcg/ml infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous, PACU
<input type="checkbox"/> norepinephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, continuous, PACU

Post-Op AOD Medications

Post-Op AOD orders are only for AOD or PACU patient prior to being discharged home

Post-Op AOD Mild Pain (Pain Score 1-3) (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, once PRN, mild pain (score 1-3), PACU For PACU/AOD Use Only
<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, once PRN, mild pain (score 1-3), PACU For PACU/AOD Use Only

Post-Op AOD Moderate Pain (Pain Score 4-6) (Single Response)

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), PACU For PACU/AOD Use Only
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), PACU For PACU/AOD Use Only
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), PACU For PACU/AOD Use Only
<input type="checkbox"/> HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	10 mL, oral, every 4 hours PRN, moderate pain (score 4-6), PACU For PACU/AOD Use Only.
<input type="checkbox"/> If patient received IV Acetaminophen during procedure - HYDROmorphone (DILAUDID) tablet	1 mg, oral, every 6 hours PRN, moderate pain (score 4-6), PACU For PACU/AOD Use Only.
<input type="checkbox"/> If patient received IV Acetaminophen during procedure - oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 4 hours PRN, moderate pain (score 4-6), PACU For PACU/AOD Use Only.

Post-Op AOD Severe Pain (Pain Score 7-10) (Single Response)

<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), PACU For PACU/AOD Use Only
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	2 tablet, oral, every 4 hours PRN, severe pain (score 7-10), PACU For PACU/AOD Use Only

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| <input type="checkbox"/> If patient received IV Acetaminophen during procedure - HYDROMORPHONE (DILAUDID) tablet | 2 mg, oral, every 6 hours PRN, severe pain (score 7-10), PACU
For PACU/AOD Use Only |
| <input type="checkbox"/> If patient received IV Acetaminophen during procedure - OXYCODONE (ROXICODONE) immediate release tablet | 5 mg, oral, every 4 hours PRN, severe pain (score 7-10), PACU
For PACU/AOD Use Only |

Post-Op AOD - Other Pain Meds

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| <input type="checkbox"/> gabapentin (NEURONTIN) | oral, once, For 1 Doses, PACU
For PACU/AOD use only |
| <input type="checkbox"/> tramadol (ULTRAM) tablet | 50 mg, oral, once, For 1 Doses, PACU
For PACU/AOD use only |

Imaging

Diagnostic X-Ray

- | | |
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| <input type="checkbox"/> Chest 1 Vw Portable | Routine, 1 time imaging, Starting S at 1:00 AM For 1
If NEW central line is placed perioperatively, PACU & Post-op |
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Respiratory

Respiratory

- | | |
|---|---|
| <input type="checkbox"/> Mechanical ventilation | Routine
Mechanical Ventilation:
Vent Management Strategies:
Vent Management Strategies:
Vent Management Strategies:
Vent Management Strategies: |
| <input type="checkbox"/> Oxygen therapy | Routine, Continuous
Device: Nasal Cannula
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
Device 2:
Device 3:
Titrate to keep O2 Sat Above: Other (Specify)
Specify titration to keep O2 Sat (%) Above: 94
Indications for O2 therapy: Immediate post-op period
CONT/O2, Nasal Cannula or Mask to keep SaO2 greater than 94%. If unable to wean off Mask may transfer to next level of care with up to 6 liters per minute Oxygen.
PACU & Post-op |