

Location: _____

Nursing**Nursing**

☒ **Bedside glucose** Conditional Frequency, PACU, Routine, Blood, Perform Point of Care (POC) blood glucose in PACU, if patient has Diabetes, BMI 25 or Greater, Age 45 or Greater, or has an insulin pump. Notify Anesthesia if result is less than 70 mg/dL OR greater than 200 mg/dL for consideration of the Perioperative Glycemic Control Optimization on Day of Surgery Pathway (Order Set #2379).

☒ **Notify Anesthesia - blood glucose** Until discontinued, PACU, Routine, Notify Anesthesia if Point of Care (POC) blood glucose result is less than 70 mg/dL OR greater than 200 mg/dL for consideration of the Perioperative Glycemic Control Optimization on Day of Surgery Pathway (Order Set #2379).

☒ **Notify Anesthesia - respiratory rate** Until discontinued, PACU, Routine, If respiratory rate is less than 10 breaths/min prior to administering narcotics.

☐ **Ok to use Central Line** Until discontinued, PACU, Routine

Device: ○ Central Line

☐ **Discontinue arterial line** Once, PACU, Routine, Prior to discharge from the PACU

☐ **Deaccess Port-A-Cath** Once, PACU, Routine

IV Fluids**Maintenance IV Fluids**

☐ **lactated Ringer's infusion** 30 mL/hr, intravenous, once, 1, Occurrences, Post-op

☐ **For patients on dialysis OR coming for dialysis access - sodium chloride 0.9 % infusion** 30 mL/hr, intravenous, once, 1, Occurrences, Post-op

☒ **For patients diagnosed with Renal Failure and/or CHF - sodium chloride 0.9 % infusion** 500 mL, intravenous, PRN, Post-op, 30.000 mL/hr, If Patient diagnosed with Renal Failure and/or Congestive Heart Failure

Post-Op Medications**Post-Op Pain Medications: Option 1**

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be considered.

☒ **Option 1**

☐ **fentaNYL (SUBLIMAZE) injection** 25 mcg, intravenous, every 5 min PRN, 6, Occurrences, PACU, Option 1 for pain score 4-10

☐ **HYDROMorphone (DILAUDID) injection** 0.3 mg, intravenous, every 5 min PRN, 6, Occurrences, PACU, Option 1 for pain score 4-10

Post-Op Pain Medications: Option 2

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

Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.

☒ **Option 2**

☐ **fentaNYL (SUBLIMAZE) injection** 25 mcg, intravenous, every 5 min PRN, 6, Occurrences, PACU, Option 2 for pain score 4-10, other

Administer Option 2 ONLY if patient failed to achieve adequate pain relief from Option 1 doses. Monitor and record pain scores and respiratory status.

☐ **HYDROMorphone (DILAUDID) injection** 0.3 mg, intravenous, every 5 min PRN, 6, Occurrences, PACU, Option 2 for pain score 4-10, other

Administer Option 2 ONLY if patient failed to achieve adequate pain relief from Option 1 doses. Monitor and record pain scores and respiratory status.

Post-Op Pain Medications: Additional

Sign: _____ Printed Name: _____ Date _____

☐ **acetaminophen (OFIRMEV) injection** 1000 mg, intravenous, once, 1, Occurrences, PACU

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

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?

IV acetaminophen is restricted to use in patients that cannot tolerate oral, per tube, or rectal routes of administration, and is only approved for post-operative use. If patient status allows, please utilize an alternate route of administration of acetaminophen.

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

No Analgesics Indicated for Post Op Pain Management

☐ **Anesthesia communication** Until discontinued, PACU, Routine, No analgesics indicated for post op pain management

Post-Op Shivering

☒ **meperidine (DEMEROL) injection**

☒ **meperidine (DEMEROL) injection** 12.5 mg, intravenous, every 5 min PRN, 2, Occurrences, PACU, Post-operative shivering

Formulary approved non-pain management indication(s) : ◦ Post-operative shivering

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.

naloxone (NARCAN) - for Respiratory Depression

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

☒ **naloxone (NARCAN) injection** 0.1 mg, intravenous, every 1 min PRN, PACU, Routine, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3)., respiratory depression

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.

Post-Op Antiemetics

☒ **ONDANSETRON ANESTHESIA HMH PANEL** (Required)

☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, once PRN, nausea vomiting

Give if patient is able to tolerate oral medication.

May cause QTc prolongation.

☒ **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, once PRN, nausea vomiting

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

May cause QTc prolongation.

☒ **promethazine (PHENERGAN) IV or Oral**

☒ **promethazine (PHENERGAN) IV** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting

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.

☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antiemetics

☒ **ONDANSETRON ANESTHESIA HMH PANEL** (Required)

☒ **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, once PRN, nausea vomiting

Give if patient is able to tolerate oral medication.

May cause QTc prolongation.

☒ **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, once PRN, nausea vomiting

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

May cause QTc prolongation.

☒ **promethazine (PHENERGAN) IV or Oral**

☒ **promethazine (PHENERGAN) injection** 6.25 mg, intravenous, every 6 hours PRN, nausea vomiting

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.

Sign: _____ Printed Name: _____ Date _____

- **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antiemetics

☒ **ONDANSETRON ANESTHESIA HMH PANEL** (Required)

- **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, once PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

- **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, once PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☒ **promethazine (PHENERGAN) IV or Oral**

- **promethazine (PHENERGAN) 12.5 mg in 50 mL NS IVPB** 12.5 mg, intravenous, every 6 hours PRN, Post-op, 100.000 mL/hr, 30.000 Minutes, nausea vomiting
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.

- **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, Post-op, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antiemetics

☒ **ONDANSETRON ANESTHESIA HMH PANEL** (Required)

- **ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet** 4 mg, oral, once PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

- **ondansetron (ZOFTRAN) 4 mg/2 mL injection** 4 mg, intravenous, once PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☒ **promethazine (PHENERGAN) IV or Oral**

- **promethazine (PHENERGAN) IV** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
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.

- **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

Post-Op Antihypertensives

- ☐ **labetalol (NORMODYNE,TRANDATE) injection vial** 10 mg, intravenous, every 15 min PRN, 2, Occurrences, PACU, for Systolic Blood Pressure GREATER than 160.
Do not give if heart rate is LESS than 60 beats per minute. Maximum daily dose of 20 mg. For PACU Use Only

- ☐ **hydrALAZINE (APRESOLINE) injection** 5 mg, intravenous, every 20 min PRN, 2, Occurrences, PACU, for Systolic Blood Pressure GREATER than 160.
BP HOLD parameters for this order:
Contact Physician if:
Use for heart rate LESS than 60 beats per minute. Maximum Daily Dose of 10 mg. For PACU Use Only

Post-Op Muscle Relaxers

Sign: _____ Printed Name: _____ Date _____

- ☐ **methocarbamol (ROBAXIN) 750 mg in sodium chloride 0.9 % 100 mL IVPB** 750 mg, intravenous, once PRN, 24, Hours, PACU, spasms

Post-Op Anxiolytics

- ☐ **midazolam (VERSED) injection** 2 mg, intravenous, once PRN, 24, Hours, PACU, anxiety

Indication(s):

- ☐ **LORazepam (ATIVAN) injection** 0.5 mg, intravenous, once PRN, 24, Hours, PACU, may repeat one time in 10 minutes., anxiety

Indication(s): ☐ Anxiety

Post-Op Respiratory

- ☐ **albuterol (PROVENTIL) nebulizer solution** 2.5 mg, nebulization, once, 1, Occurrences, PACU

Aerosol Delivery Device:

- ☐ **ipratropium (ATROVENT) 0.02 % nebulizer solution** 0.5 mg, nebulization, once, 1, Occurrences, PACU

Aerosol Delivery Device:

Post-Op Itching

- ☐ **diphenhydramine (BENADRYL) injection** 25 mg, intravenous, once PRN, 24, Hours, PACU, itching

Diphenhydramine (BENADRYL) injection is the 1st choice for itching.

- ☐ **nalbuphine (NUBAIN) injection** 2 mg, intravenous, every 2 hour PRN, 24, Hours, PACU, itching

Nalbuphine (NUBAIN) injection is the 2nd option for itching if diphenhydramine (BENADRYL) is ineffective.

Post-Op Infusions

- ☐ **dexMEDETomidine (PREcedex) 4 mcg/ml infusion** 400 mcg/100 mL, intravenous, continuous, 24, Hours, PACU

Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. After initiation reassess RASS within 1 hour. Titrate for Sedation

- ☐ **norEPinephrine (LEVOPHED) infusion** titrated, PACU, STAT

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)**

- ☐ **acetaminophen (TYLENOL) tablet** 650 mg, oral, once PRN, PACU, mild pain (score 1-3)

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

- ☐ **acetaminophen (TYLENOL) tablet** 1000 mg, oral, once PRN, PACU, mild pain (score 1-3)

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

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

- ☐ **HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet** 1 tablet, oral, once PRN, PACU, moderate pain (score 4-6)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

- ☐ **HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet** 1 tablet, oral, once PRN, PACU, moderate pain (score 4-6)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

- ☐ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, once PRN, PACU, moderate pain (score 4-6)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

- ☐ **HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution** 2.5-108.3, oral, once PRN, PACU, moderate pain (score 4-6)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

- ☐ **If patient received IV Acetaminophen during procedure - HYDROmorphine (DILAUDID) tablet** 1 mg, oral, once PRN, PACU, moderate pain (score 4-6)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

Sign: _____ Printed Name: _____ Date _____

- ☐ **If patient received IV Acetaminophen during procedure - oxyCODONE (ROXICODONE) immediate release tablet** 2.5 mg, oral, once PRN, PACU, moderate pain (score 4-6)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

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

- ☐ **HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet** 2 tablet, oral, once PRN, PACU, severe pain (score 7-10)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

- ☐ **HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 2 tablet, oral, once PRN, PACU, severe pain (score 7-10)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

- ☐ **If patient received IV Acetaminophen during procedure - HYDROmorphine (DILAUDID) tablet** 2 mg, oral, once PRN, PACU, severe pain (score 7-10)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

- ☐ **If patient received IV Acetaminophen during procedure - oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, once PRN, PACU, severe pain (score 7-10)

Allowance for Patient Preference:

once PRN if pain not alleviated by option 1 and/or option 2 prior to leave from PACU/AOD.

Give if patient can receive oral tablet/capsule.

Pain - Other Meds

- ☐ **gabapentin (NEURONTIN)** oral, once, 1, Occurrences, PACU

Prior to leaving PACU/AOD.

- ☐ **traMADol (ULTRAM) tablet** 50 mg, oral, once, 1, Occurrences, PACU

Allowance for Patient Preference:

Prior to leaving PACU/AOD.

Give if patient can receive oral tablet/capsule.

Labs

Cardiology

Imaging

Diagnostic X-Ray

- ☐ **Chest 1 Vw Portable** 1 time imaging, PACU & Post-op, Routine, If NEW central line is placed perioperatively

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Respiratory

Respiratory

- ☐ **Mechanical ventilation** Continuous, PACU & Post-op, Routine

Mechanical Ventilation:

Vent Management Strategies: Adult Respiratory Ventilator Protocol

- ☒ **Oxygen therapy** Continuous, PACU & Post-op, Routine, 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.

Device: ☐ Nasal Cannula

Titrate to keep O2 Sat Above: ☐ Other (Specify) ☐ 92%

Specify titration to keep O2 Sat (%) Above: 94

Indications for O2 therapy: ☐ Immediate post-op period

Device:

Rehab

Additional Orders

Sign: _____ Printed Name: _____ Date _____