



THE UNIVERSITY  
OF KANSAS HOSPITAL  
**KUMED**  
3901 Rainbow Boulevard  
Kansas City, Kansas 66160  
PHYSICIAN'S ORDER FORM

PATIENT LABEL

**MEDICATION SCHEDULE**

bid 09-21 (alt 08-17)      q2hours ODD or EVEN hours      q12hours 09-21  
tid 09-15-21              q6hours 00-06-12-18              (alt 01-13)  
tid ac 07-11-17              (alt 09-15-21-03)              qDAY 09 (alt 21)  
tid pc 09-13-19              qid 09-13-17-21              q hs 21  
tid w/meals 08-12-18      q8hours 06-14-22 (alt 09-17-01)      ac hs 07-11-17-21

ROOM

All orders must be written in the metric system and must include date, time, physician's signature, and pager number.

NURSING:  
Fax to pharmacy.  
Record fax date/time.

**ORDERS**

**PATIENT CONTROLLED EPIDURAL ANALGESIA (PCEA)**

(Page 1 of 2)

DATE & TIME	Cmp #	ORDERS
	1	Notify Anesthesiology Acute Pain Service <b>prior to</b> initiating the following anticoagulation therapies: Heparin intravenous bolus and / or infusion Lepirudin (Refludan) or any other thrombin inhibitors Enoxaparin (Lovenox) or any other Low Molecular Weight heparins Clopidogrel (Plavix) Ticlopidine (Ticlid) Eptifibatide(Integrilin) or any other glycopeptide IIb/IIIa inhibitors Warfarin (Coumadin )
	2	If subcutaneous heparin is ordered: May administer scheduled doses while epidural catheter is in place. Do not remove epidural catheter until 6hrs after most recent SQ heparin dose administered. May administer scheduled doses no sooner than 1 hr after epidural catheter removed.
	3	If enoxaparin (Lovenox) 40mg is ordered for DVT prophylaxis it <b>must only be given as a single daily dose.</b> Do not remove epidural catheter until 12hrs after most recent dose has been administered. Next dose of enoxaparin (Lovenox) may be given 2hrs after epidural catheter is removed.
	4	No IV or IM opioids and no sedatives (no benzodiazepines & no butyrophenones) except as ordered by Anesthesiology Pain Service, beeper #917-5050.
	5	<b>Only patient may push PCEA button.</b>
	6	<b>PCEA Local Anesthetic/Opioid</b> 1. Bupivacaine <input type="checkbox"/> 0.1% <input type="checkbox"/> or _____% 2. Fentanyl <input type="checkbox"/> 2 micrograms/ml, <input type="checkbox"/> 5 micrograms/ml 3. Hydromorphone <input type="checkbox"/> 10 micrograms/ml
	7	<b>PCEA Dose:</b> _____ mls per Dose Intermittent PCA
	8	<b>PCEA Delay:</b> _____ minutes (Lock Out Interval)
	9	<b>PCEA Basal Rate:</b> _____ mls/hr (Continuous Infusion Rate)
	10	<b>PCEA 1 Hour Limit:</b> _____ mls (= Basal Rate + (PCEA Dose x 60/PCEA Delay))
	11	<b>PCEA Initial Bolus:</b> _____ mls (Loading Dose)
	12	<b>Prescription changes in settings are to be made only by Anesthesiology Pain Service.</b>
	13	Monitor and record: Respiratory rate, BP, sedation level and adequacy of pain control by visual analog scale (VAS) rating q 1 h x 6 h, then q 2 h x 6 h, then q 4 h.
	14	Check for presence of motor block. Record if present. Ambulate only with assistance after approval of Anesthesiology Pain Service.

Another brand of drug identical in form and content may be dispensed unless noted on order.

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(Page 2 of 2)

DATE  
&  
TIME

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|----|--|
| 15 | Call Anesthesiology, beeper #917-5050 or #917-5072 immediately & stop infusion if respiratory rate is <7/min, if patient is difficult to arouse or if SBP <90 mm Hg.   |
| 16 | Naloxone (Narcan ) 0.4 mg, 2 amps available on floor at all times.   |
| 17 | For respiratory depression (RR<7/min), administer Naloxone as follows:<br>1. Dilute one ampule Naloxone 0.4 mg in 10 ml NS for injection. Inject 0.5 ml of diluted Naloxone q 2 minutes until respiratory rate improves (RR >7/min), and/or drowsiness abates.<br>2. Do not "push" undiluted Naloxone 0.4 mg IV in an opioid tolerant/dependent patient.   |
| 18 | Pruritus:<br>Discontinue all previously ordered diphenhydramine.<br><input type="checkbox"/> Loratadine (Claritin) 10 mg po q day if patient taking po<br><input type="checkbox"/> Diphenhydramine 12.5 mg IV q 4 hr PRN<br><input type="checkbox"/> Diphenhydramine 25 mg. IV q 4 hr PRN<br><input type="checkbox"/> Diphenhydramine (Benadryl) is not to be used as a sedative. Hold medication if patient is sedated. |
| 19 | Nausea/Vomiting:<br><input type="checkbox"/> Ondansetron (Zofran) 4 mg IV may repeat one time in six hours.<br><input type="checkbox"/> Promethazine (Phenergan) 12.5 mg IV q 4 h prn, not to exceed _____ mg/day  |

Date: \_\_\_\_\_ Physician Signature \_\_\_\_\_ Pager \_\_\_\_\_

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