

PHYSICIAN'S ORDERS  
NEURAXIAL ANALGESIA  
ACUTE PAIN SERVICE (APS) (Adult)

Weight \_\_\_\_\_(kg)

REFER TO THE ALLERGY SCREEN IN MEDITECH FOR ALLERGY INFORMATION

To complete the order form, fill in the required blanks and/or check the appropriate boxes.  
To delete orders, draw one line through the item and initial.

**WARNING:**

- Do not administer any supplemental narcotics/sedatives or anticoagulants by any route unless approved by the APS or Anaesthesiologist.
- Patients with indwelling epidural may receive dalteparin 5000 units sc daily or heparin 5000 units sc BID as ordered by surgeon

**MEDICATION - Single dose injection**

Epidural      **OR**       Spinal/intrathecal

Drug: \_\_\_\_\_, \_\_\_\_\_ mg given by anaesthesiologist at \_\_\_\_\_ hours

**MEDICATION - Continuous neuraxial analgesia**

Bupivacaine 0.5% 300 mg (60 mL) with hydromorphone (2 mg/mL) 5 mg (2.5 mL)  
Added to normal saline 250 mL IV bag      Infusion rate \_\_\_\_\_ mL/h

Maintain IV access (saline lock or infusion) for a minimum of 12 hours following last dose of neuraxial analgesia

Oxygen protocol /  Oxygen: \_\_\_\_\_

**Monitoring:**

As per neuraxial analgesia policy (initiation, changes to infusion rate, bolus dose and post discontinuation)

**Anesthesia to specify maintenance monitoring:**

- q1h x 12 hours, q2h x 12 hours then q4h until discontinuation
- q1h x 24 hours then q4h until discontinuation

**Supplemental analgesia:**

Acetaminophen 650 to 975 mg po/pr q \_\_\_\_\_ h prn

Oxycodone \_\_\_\_\_ mg po q4h prn (do not give if level of sedation 3 or greater, notify APS or Anaesthesiologist on call if inadequate pain control)

Other: \_\_\_\_\_

**Management of side effects:**

Nausea and vomiting: dimenhydrinate \_\_\_\_\_ mg IV q3-4h prn

If dimenhydrinate ineffective ondansetron \_\_\_\_\_ mg IV q \_\_\_\_\_ h prn x 48 hours

Pruritis: diphenhydramine \_\_\_\_\_ mg IV q4h prn

Urinary Retention: Upon approval from surgeon, insert urinary catheter. Remove after epidural discontinued

**Notify Acute Pain Service or Anaesthesiologist-on-call if:**

- Respiratory rate less than 8 per minute, **stop pump and have naloxone immediately available**
- Sedation score of 4 (somnolent, difficult to arouse), **stop pump and have naloxone immediately available**
- Systolic BP less than 90mmHg or heart rate less than 50 beats/minute
- Inadequate pain control (score greater than 6)
- Sensory assessment 3 (full block, no sensation or response to cold)
- Motor assessment 3 (unable to flex ankle/knee or raise leg), **stop pump**
- Epidural infusion dose needs to be assessed as per recommended action on reverse

**Coverage for APS patients:**

- APS anaesthesiologist: Monday – Friday 08:00 – 16:00 h
- Anaesthesiologist-on-call: Monday- Friday 16:00 – 08:00 h. Weekends and holidays 24 hours coverage

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD SIGNATURE \_\_\_\_\_



## Neuraxial Analgesia Treatment and Monitoring

### Monitoring Requirements

#### Initiation of neuraxial analgesia or bolus given

HR, RR, BP, SpO2 q3min x 5, then q 5 min x 3  
Sensory and motor assessment q 15 min x 2, then q 30 min x 1  
Pain assessment q 15 min x 4

#### Maintenance

HR, RR, SpO2, and sedation level q1h x 12 h, q2h x 12 h, then q4h **OR** q1h x 24 h, then q4h (as ordered)  
BP q2h x 12 h, then q4h  
Sensory and motor assessment q2h x 12 h, then q4h, + motor assess prior to ambulation  
Pain assessment q4h minimum and prn; epidural site q8h and on transfers; intake and output q2h

#### Infusion rate increased

Pain assessment q 30 min x 2

#### Post discontinuation of continuous neuraxial analgesia

HR, RR, BP, SpO2, sedation/sensory/motor assessment q4h x 12h, epidural site q24h, pain as/policy

Assessment Documented	Recommended Action
<b>Level of Sedation</b>	
<b>S</b> - Sleep, easy to arouse	No action
<b>1</b> - alert, easy to arouse	No action
<b>2</b> - Occasionally drowsy, easy to arouse	No action
<b>3</b> - Frequently drowsy, falls asleep mid-sentence	Increase monitoring and notify APS/ Anaesthesiologist on call to assess epidural infusion dose
<b>4</b> - Somnolent, difficult to arouse	Stop pump, have naloxone available, notify APS/Anaesthesiologist on call
<b>Sensory Assessment</b> (bilateral)	
<b>0</b> - full sensation, no numbness/tingling, feels cold	No action
<b>1</b> - reduced response to touch; no numbness or tingling, feels cold	No action
<b>2</b> - moderate numbness or tingling, decreased response to cold	Increase monitoring and notify APS/ Anaesthesiologist on call to assess epidural infusion dose
<b>3</b> - full block, no sensation or response to cold	Notify APS/Anaesthesiologist on call
<u>Use dermatome chart or landmarks:</u> T4 = nipple line, T6 = xiphoid process, T10 = umbilicus, L1 = groin, L3 = knee	
<b>Motor Assessment</b> (bilateral)	
<b>0</b> - Flexes hip/knee/ankle, able to raise leg	No action
<b>1</b> - Flexes ankle/knee unable to raise leg	No action
<b>2</b> - Flexes ankle, unable to flex knee or raise leg	Increase monitoring and notify APS/ Anaesthesiologist on call to assess epidural infusion dose
<b>3</b> - Unable to flex ankle/knee or raise leg	Notify APS/Anaesthesiologist on call
<b>Pain Scale</b>	
0-6 pain	Monitor, provide comfort measures
Pain greater than 6	Notify APS/Anaesthesiologist
<b>Side Effects:</b> (O - other, refer to progress notes)	
I - Itchiness	Diphenhydramine as ordered
N - Nausea	Dimenhydrinate or ondansetron as ordered
V - Vomiting	Dimenhydrinate or ondansetron as ordered
U - Urinary retention	Urinary catheter as ordered
<b>Amount Infused:</b> Record cumulative balance in mL q4h & prn	

