

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

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

Allergies: \_\_\_\_\_

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/analgesics/sedatives by any route unless approved by the APS or anaesthesiologist. Exception: Acetaminophen, if ordered by surgeon for fever.  
Notify APS prior to starting IV heparin, SC Low Molecular Weight Heparin or po warfarin.

**MEDICATION - SINGLE DOSE INJECTION**

Epidural **OR**  Spinal/intrathecal

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

**MEDICATION - CONTINUOUS NEURAXIAL ANALGESIA**

**Lumbar epidural (below T10):**

Bupivacaine 0.5% 100 mg (20 mL) with epidural morphine (0.5 mg/mL) 10 mg (20 mL)  
Added to normal saline 250 mL IV bag Infusion rate \_\_\_\_\_ mL/h (usual rate 5-15 mL/h)

**Thoracic epidural (T6-T10):**

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 (usual rate 3-6 mL/h)

**Special Order Infusion:**

Bupivacaine 0.5% (5 mg/mL) \_\_\_\_\_ mg ( \_\_\_\_\_ mL) **WITH** one of the narcotics below

Epidural morphine (0.5 mg/mL) \_\_\_\_\_ mg ( \_\_\_\_\_ mL)

**OR**

Fentanyl (50 mcg/mL) \_\_\_\_\_ mcg ( \_\_\_\_\_ mL)

**OR**

Hydromorphone (2 mg/mL) \_\_\_\_\_ mg ( \_\_\_\_\_ mL)

Added to normal saline 250 mL IV bag. Infusion rate \_\_\_\_\_ mL/h

Follow monitoring guidelines as per **Neuraxial Analgesia** policy and procedures (on reverse).

Oxygen \_\_\_\_\_

**Supplemental analgesia:**

Acetaminophen 325-650 mg po/pr q \_\_\_\_\_ h prn

Acetaminophen 325 mg and codeine \_\_\_\_\_ mg \_\_\_\_\_ tabs po q \_\_\_\_\_ h prn

Ibuprofen 200-400 mg po q \_\_\_\_\_ h prn

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

**Side effects Management:**

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

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

Pruritis: diphenhydramine \_\_\_\_\_ mg IM 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/min, stop pump and have naloxone immediately available.
- Sedation score of 3 (somnolent, difficult to arouse), stop pump and have naloxone immediately available.
- Systolic BP less than 90 mmHg or heart rate less than 50 beats/minute.
- Inadequate pain control (score greater than 6).
- Motor impairment (unable to move legs).

**Coverage for APS patients:**

- APS anaesthesiologist: Monday-Friday 08:00-17:00 h

- Anaesthesiologist-on-call: Monday-Friday 17:00-08:00 h. Weekends and holidays 24 hour coverage.

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

MD SIGNATURE



**MONITORING NEURAXIAL ANALGESIA**

- HR, RR, BP q3min x 5 then q5min x 3 then HR, BP q1hx2, q2hx2, then q4h
- Sensory and motor q15min x 2 then q30min x 1
- Pain assessment q15min x 4 then q4h
- For additional monitoring of RR, sedation, sensory and motor **see below**
- Intake and output q2h
- Assess insertion site q8h and on transfer
- Assess mobility prior to assisting patient out of bed

- If infusion rate increased, then pain assessment q15min x 2
- If bolus given, repeat initial protocol

<b>Single dose injection epidural morphine or hydromorphone</b>
<b>RR and Sedation</b> - q1h x 24h

<b>Continuous bupivacaine with epidural morphine or hydromorphone</b>
<b>RR and Sedation</b> - q1h
<b>Sensory and Motor</b> - q2h x 4 then q4h

<b>Continuous bupivacaine with fentanyl</b>
<b>RR and Sedation</b> - q1h
<b>Sensory and Motor</b> - q2h x 4 then q4h

<b>Post discontinuation of continuous neuraxial analgesia</b> - HR, RR, BP, sedation, sensory and motor q4h x 12h - Pain assessment as per unit policy - Assess epidural insertion site 24 h post discontinuation
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REFERENCE ONLY

