1. ALLERGIES/REACTIONS: ___________________________________________________________________

2. INITIAL SUBARACHNOID DOSE:
   [ ] Duramorph (Morphine preservative free): ______________mg, at ______________ (time)

3. STEPWISE SUPPLEMENTAL ANALGESIA DOSING:
   [a] Non-steroidal Anti-inflammatory Medications:
      [ ] Ketorolac (Toradol) 15 mg IV/IM every 6 hours times 4 doses. (May use in patients age 65 and over, or weight less than 50 kg)
      [ ] Ketorolac (Toradol) 30 mg IV/IM every 6 hours times 4 doses. (Do not use in patients age 65 and over, or weight less than 50 kg)
      AVOID USING KETOROLAC IN PATIENTS WITH KNOWN OR SUSPECTED RENAL INSUFFICIENCY, THROMBOCYTOPENIA, OR OTHER BLEEDING DISORDERS
      [ ] Ibuprofen (Motrin) 800 mg PO every 8 hours (start 6 hours after last Ketorolac dose). May transition to ibuprofen when tolerating oral diet.
   [b] Oral Narcotic Medications: (See Note Below)
      _______ Oxycodone 5 mg with acetaminophen 325 mg (Percocet 5/325) 1-2 tablets PO every 4 hours PRN pain
      (Not to exceed 9 tablets per 24 hour)
      _______ Hydrocodone bitartrate 5 mg with acetaminophen 325 mg (Vicodin, Norco) 1-2 tablets PO every 4 hours
      PRN pain (Not to exceed 9 tablets per 24 hours)
      LIMIT THE TOTAL DOSE OF ACETAMINOPHEN CONTAINING MEDICATION TO LESS THAN 3,000 MG PER DAY
   [c] Intravenous PCA Narcotic Medications: (See Note Below)
      CONTINUOUS BACKGROUND INFUSIONS TO PCA NOT PERMITTED.
      _______ Morphin PCA: Use 25 mg four hour lockout limit. Maintain with 1 mg bolus every 6-8 minutes. If inadequate, use
      1.5 mg bolus every 6-8 minutes.
      _______ Hydromorphone (Dilaudid) PCA: (Note: 1 mg hydromorphone = 7 mg morphine)
      Use 4 mg four hour lockout limit. Maintain with 0.2 mg bolus every 6-8 minutes. If inadequate, use 0.3 mg
      bolus every 6-8 minutes.

4. MONITORING:
   [a] Respiratory Rate & Sedation Level: Check every hour for 12 hours (from time of spinal placement), then every 2
      hours for the next 12 hours
   [b] Blood Pressure & Heart Rate: Check every hour for 4 hours, then every 4 hours for next 8 hours
   [c] Pulse Oximetry: Monitor continuously for 24 hours
   [d] Lower Extremity Motor/Sensory Checks: Check every 4 hours for 12 hours

5. MAINTENANCE:
   [a] Maintain IV access for 24 hours. Out of bed with assistance.
   [b] Oxygen: Give O₂ if pulse oximetry readings less than 92%, or □ give continuously at 2-12 liters/minute via face mask
      or nasal cannula for ________ hours
   [c] Pruritis: (See Note Below)
      _______ Diphenhydramine (Benadryl) 25-50 mg IV every 4 hours PRN pruritis
      _______ Nalbuphine (Nubain) 5-10 mg IV or subcutaneously every 4 hours PRN pruritis

   [NOTE: Number only those medications desired. The nurse will select #1 as the first medication to be given.
   If ineffective, #2 will be used next. If orders are not numbered, the nurse will contact the prescriber for
   clarification.]

Physician Initial: ____________________________________________
5. MAINTENANCE: (Continued)
   [d] Nausea or vomiting:
   Ondansetron (Zofran) 4 mg IV every 4 hours PRN nausea/vomiting. (Maximum 24 mg per 24 hours). If ondansetron
   is ineffective, discontinue ondansetron and give promethazine (Phenergan) 12.5-25 mg IV every 4 hours PRN
   nausea/vomiting. Use 6.25-12.5 mg IV for patients age 65 and over.

   [e] Persistent pruritis, nausea or vomiting: Titrate naloxone (Narcan) drip 50-100 ml/hour for 4 hours. Drip ordered as
   0.8 mg naloxone (Narcan) in 1,000 ml of 5% dextrose in water (D5W).

   [f] Inability to void: May catheterize every 6-8 hours PRN

   [g] Increasing sedation plus respiratory rate less than 8 breaths/minute:
   Give O₂ (use ambubag if necessary), check pulse oximetry, give naloxone (Narcan) 0.1 mg IV STAT with 10 ml normal saline
   flush (may repeat times 3, every 3 minutes). Obtain arterial blood gas STAT, and notify on-call anesthesiologist/CRNA.

   [h] CNS depressants/narcotics: MUST BE APPROVED BY ON-CALL ANESTHESIOLOGIST/CRNA
   If ordered by physicians other than an anesthesiologist/CRNA, the order will be placed on hold by Pharmacy
   department for first 12 hours post spinal block

   [i] Anticoagulants: If ordered by the surgeon or any provider, orders will be modified to the following:
   [1] Unfractionated Heparin: May start two hours post spinal block
   [2] Warfarin (Coumadin) and dabigatran (Pradaxa): May start 8 hours post spinal block
   [4] HOLD DOSING OF FOLLOWING DRUGS FOR 24 HOURS POST SPINAL BLOCK: Anticoagulants e.g. dalteparin
      (Fragmin), enoxaparin (Lovenox), rivaroxaban (Xarelto), thrombolytics e.g. reteplase (Retavase), alteplase
      (TPA) or antiplatelet agents e.g. abciximab (ReoPro), eptifibatide (Integrelin), clopidogrel (Plavix), prasugrel
      (Effient), ticlopidine (Ticlid), Ticagrelor (Brilinta)

6. DISCONTINUATION:
   [a] May discontinue IV access and monitoring 24 hours after placement of Duramorph

7. NOTIFY ON-CALL ANESTHESIOLOGIST/CRNA:
   [a] Increasing sedation (moderate to severe sedation scale)
   [b] Respiratory rate less than 10 breaths/minute
   [c] Persistent blood pressure less than 90 mmHg, or less than __________ mmHg.
      □ May give __________ ml Lactated Ringers (LR) fluid challenge.
   [d] Oxygen saturation less than 92% with the patient on oxygen
   [e] Inadequate pain control within first 18 hours
   [f] Onset of “new” extremity weakness, or persistent extremity weakness for more than 8 hours after spinal placement
   [g] Unexpected initiation of LMWH, antiplatelet or thrombolytic agents within 24 hours post-spinal block

NOTE: These orders should be reviewed by the attending physician/CRNA, appropriately modified for the individual
patient, dated, timed and signed below.