

**ROYAL ADELAIDE HOSPITAL
ACUTE PAIN SERVICE
EPIDURAL/INTRATHECAL/
REGIONAL ANALGESIA
Standard Orders**

PATIENT LABEL

Unit Record No.: _____
Surname: _____
Given Names: _____
Date of Birth: _____ Sex: _____

ANALGESIA ORDERS: *(sign and date any changes)*

1. **DRUG:**

Place appropriate drug label here

2. **CONCENTRATION:**

3. **BOLUS DOSE:**

..... to mL 2 hourly PRN

4. **INFUSION RATE:** ** = sign and date any changes

..... to mL/hr

..... to mL/hr**

ROUTE:

GENERAL ORDERS:

1. Oxygen at 2 to 4 L/min via nasal specs or 6 to 8 L/min via mask while orders are in effect.
2. No systemic opioids or sedatives to be given except as ordered by the APS.
3. No anticoagulant or antiplatelet medications to be given (other than heparin for prevention of DVTs) before consulting with the APS.
4. Naloxone to be immediately available.
5. An anti-syphon valve must be in-line between patient and syringe at all times.
6. Maintain IV access while orders are in effect.
7. *Monitoring requirements:* see overleaf.
8. Record current total volume per syringe in mL and reset to zero when syringe changed.
9. For inadequate analgesia or other problems related to the analgesia, contact the rostered APS anaesthetist.

INTRATHECAL MORPHINE DETAILS (as needed)

Dose microgram

Time given

TREATMENT OF SIDE EFFECTS:

RESPIRATORY DEPRESSION (EXCESSIVE SEDATION):

1. If sedation score = 2, reduce rate of infusion by one quarter to one third.
2. If sedation score = 3 (irrespective of respiratory rate) OR sedation score = 2 and respiratory rate \leq 6/min, give 100 microgram NALOXONE IV stat. Repeat 2 minutely PRN up to a total of 400 microgram. Cease infusion and call the APS anaesthetist.
3. If sedation score \geq 2 revert to hourly sedation scores until sedation score < 2 for at least 2 hours.

NAUSEA AND VOMITING:

1. Give METOCLOPRAMIDE 10mg IV 4 hourly PRN.
2. If ineffective after 15 minutes, add TROPISETRON 2 mg IV daily PRN.
3. If still ineffective after another 15 minutes, add DROPERIDOL 500 microgram IV 4 hourly PRN (250 microgram if > 70 years).

SEVERE ITCHING:

Give 100 microgram NALOXONE IV stat. Repeat 10 minutely PRN up to a total of 400 microgram.

SIGNATURE OF ANAESTHETIST: Date:

(Print name))

Cease infusion: Date: Time: **Remove analgesia catheter:** Date: Time:

Give next dose of heparin at: Date: Time:

Signature of Anaesthetist:

Catheter removed and complete: Signature of RN: Date: Time:

ATTACH CONTINUATION SHEET AGAINST THE DOTTED LINE.

APS-EPIDURAL/INTRATHECAL/REGIONAL ANALGESIA MR 98.0