

ANESTHESIA ROUTINE ORDERS

1. Pre Procedure Testing Per Protocol

- BMP
- CMP
- CBC/ Plt
- Drug Level
- HCG
- PT/PTT/ INR
- UA/ C&S

- Type & Cross _____ Units
- Type & Screen
- EKG
- CXR
- MRSA Nasal Swab
- Other: _____
- Other: _____

RN Signature

Date (required)

Time (required)

1. Pre-op Holding Routine Orders for all Patients

- Oxygen PRN for saturations <93% after sedation or <93% on room air
- IV start (subcutaneous 1% Lidocaine may be used per patient request)
- LR 1000 mL start at 100 mL/hr and titrate
- NS 500ml at 60 mL/hr rate for Dialysis Patients
Pediatric: use LR 500 ml 30 mL/hr with micro drip tubing

2. Diabetic Patients

- Administer ½ usual morning dose of insulin (Lantus, Levemir, NPH, N, 70/30, 75/25, 50/50, Toujeo, or Tresiba)
- Do NOT administer the following: Novolog, Humalog, Apidra, Regular insulin, oral diabetes medications, or other injectable diabetes medications
- Continue Insulin Pump
- Perform Glucometer / FBS
- FBS less than 70 mg/dL or greater than 250 mg/dL, contact Anesthesia

**3. Routine Pre-Operative Medications PER ANESTHESIA PROTOCOL (for Patients ≥ 16 years old)
Give with sips of water upon admission to Pre-Operative Holding Area**

- Acetaminophen (TYLENOL) 1000 mg PO (HOLD IF HISTORY OF LIVER FAILURE)
- Diphenhydramine (BENEDRYL) 25 mg PO
- Dexamethasone (DECADRON) 10 mg IVP N/V (HOLD IF BLOOD glucose greater than 150 mg/dL)
- Pregabalin (LYRICA) 100 mg PO

4. Additional Pre Operative Medications- ONE TIME ONLY MEDICATIONS

- Bicitra 30 mL PO
- Clonidine (CATAPRES) 0.1 mg PO
- Clonidine (CATAPRES) 0.2 mg PO
- Fentanyl _____ mcg IVP
- Glycopyrrolate (ROBINUL) _____ mg IVP
- Hydrocortisone (SOLU CORTEF) _____ mg IVP
- Hydromorphone (DILAUDID) _____ mg IVP
- Famotidine (PEPCID) 20 mg IVP
- Ibuprofen (MOTRIN) 600 mg PO
- Labetalol (TRANDATE) _____ mg IVP
- Metoclopramide (REGLAN) 10 mg PO/ IVP
- Midazolam (VERSED) _____ mg IVP anxiety
- Midazolam (VERSED) Syrup _____ mg PO anxiety
- Ondansetron (ZOFTRAN) _____ mg IVP
- Scopalamine Patch
- Other: _____

RN Signature

Date (required)

Time (required)

Physician Signature

Date (required)

Time (required)



PT.

MR.#/P.M.

DR.