

ANESTHESIA ROUTINE  
POST OPERATIVE ORDERS

1. POST ANESTHESIA ORDERS:

- O2 per cannula or face mask (titrate to keep saturations greater than 93% or at pre op baseline)
- Maintain IV @ 125 ml/hr
- Perform blood glucose test on insulin dependent diabetics (if greater than one hour since pre-op)
- Discharge from PACU when criteria met and evaluated by anesthesia

2. PACU

Opioid Pain Medication - parenteral

- Dilaudid 0.5 mg IVP as needed every 10 minutes for pain level greater than 5 and RR greater than 10, maximum of 4 doses (2 mg).
- Morphine 2 mg IVP as needed every 10 minutes for pain level greater than 5 and RR greater than 10 if pain not relieved by Dilaudid, maximum of 5 doses (10 mg).
- Fentanyl \_\_\_\_\_ mcg every \_\_\_\_\_ minutes for pain level greater than 5 and RR greater than 10 after 2 mg Dilaudid AND 10 mg Morphine, maximum of \_\_\_\_\_ doses.

Opioid Pain Medication - Oral

- Lortab oral elixir (10 mg hydrocodone / 300 mg acetaminophen / 15 ml) \_\_\_\_\_ ml PO x 1 prn moderate pain
- Acetaminophen with Codeine (12 mg codeine/ 120 mg acetaminophen / 5 ml) \_\_\_\_\_ ml PO x 1 prn moderate pain
- DO NOT give opioids if patient has an epidural – call anesthesiologist

Alternative Pain Medication

- Ketorolac (Toradol) \_\_\_\_\_ mg IV PRN moderate pain x 1 (maximum IV dose= 30 mg) (15 mg dose if 50 kg or less or 65 years or older) (Do not give if already given in OR)
- Ketorolac (Toradol) \_\_\_\_\_ mg IM prn moderate pain x 1 (maximum IM dose= 60 mg) (30 mg dose if 50 kg or less or 65 years or older) (Do not give if already given in OR)
- Ibuprofen (Motrin) \_\_\_\_\_ mg PO prn mild pain (Do not give if already given in OR) x1
- Acetaminophen (Tylenol) (plain) syrup \_\_\_\_\_ mg PO PRN mild pain x1
- May give first dose of outpatient pain medication (prescribed by surgeon) before discharge PRN pain

Other Medications:

- Cepacol lozenge every 1 hour as needed for sore throat pain, maximum of 3 lozenges.

PACU Nausea and Vomiting (N/V) Medications

- Promethazine (Phenergan) 12.5 mg IVPB (in 50 ml saline over 10 minutes) x1
- Ondansetron (Zofran) \_\_\_\_\_ mg IVP, q4hr
- Other meds: \_\_\_\_\_

- Discontinue PACU Orders After Patient Transfer

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RN Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Time (required)



640B

PT.

MR./PM.

DR.