

**McLaren Flint  
Ambulatory Surgery Center  
ANESTHESIA  
Pre- and Post- Operative ROUTINE Orders**

ORDERS	ALLERGIES: See Medication Reconciliation Form						
<p><b>1. Pre Op Holding Routine Orders for all Patients</b></p> <ul style="list-style-type: none"> <li>a. Oxygen PRN for saturations less than 94% after sedation or on Room Air</li> <li>b. IV start LR 1000 mL ( 500 mL for eye, EGD, and pediatric patients) at 10 mL / hour – offer with subcutaneous 1% lidocaine</li> <li>c. NaCl 500 mL at 10 mL / hour for Dialysis Patients</li> </ul>							
<p><b>2. Diabetic Patients</b></p> <ul style="list-style-type: none"> <li>a. Take ½ usual morning dose of insulin (Lantus, Levemir, NPH, N, 70/30, 75/25, 50/50, Toujeo, or Tresiba)</li> <li>b. Do NOT take the following: Novolog, Humalog, Apidra, Regular insulin, oral diabetes medications, or other injectable diabetes medications</li> <li>c. Continue Insulin Pump and bring pump supplies to hospital</li> <li>d. Perform Glucometer / FBS</li> <li>e. FBS less than 70 mg/dL or greater than 250 mg/dL, contact Anesthesia</li> </ul>							
<p><b>3. General Anesthesia Patients</b></p> <ul style="list-style-type: none"> <li>a. Greater than 18 years with diabetes, Obesity, GERD or reflux to receive: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Famotidine (PEPCID) 20 mg PO with sip of water and</li> <li><input type="checkbox"/> Metoclopramide (REGLAN) 10 mg PO with sip of water</li> </ul> </li> <li>b. History of motion sickness or nausea and vomiting give <ul style="list-style-type: none"> <li><input type="checkbox"/> Scopolamine Patch, apply 1 patch to hairless area behind ear up to 1 hour before surgery; remove 24 hours after surgery</li> </ul> </li> </ul>							
<p><b>4. Colons and EGD's with GERD give</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Citric Acid/Sodium Citrate (BICTRA) 30 mL PO, hold if reflux meds taken that day</li> </ul>							
<p><b>5. POHA Medications:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Famotidine (PEPCID) 20 mg PO or IVP x1 dose</li> <li><input type="checkbox"/> Metoclopramide (REGLAN) 10 mg PO or IVP X 1 dose</li> <li><input type="checkbox"/> Ondansetron (ZOFTRAN) _____ mg IVP</li> <li><input type="checkbox"/> Dexamethasone (DECADRON) _____ mg IVP nausea and vomiting</li> <li><input type="checkbox"/> Hydrocortisone Sodium (SOLU CORTEF) _____ mg IVP</li> <li><input type="checkbox"/> Labetalol _____ mg IVP</li> <li><input type="checkbox"/> Gabapentin (NEURONTIN) 300 mg PO</li> <li><input type="checkbox"/> Ibuprofen (MOTRIN) 600 mg PO Pain scale 1 - 3</li> <li><input type="checkbox"/> Acetaminophen (TYLENOL) 1000 mg PO Pain scale 1-3</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Citric Acid/Sodium Citrate (BICTRA) 30 mL PO</li> <li><input type="checkbox"/> Midazolam (VERSED) _____mg IVP anxiety</li> <li><input type="checkbox"/> Midazolam (VERSED) Syrup _____mg PO anxiety</li> <li><input type="checkbox"/> Fentanyl _____ microgram IVP</li> <li><input type="checkbox"/> Glycopyrrolate (ROBINUL) _____ mg IVP</li> <li><input type="checkbox"/> Scopolamine Patch, apply 1 patch to hairless area behind ear up to 1 hour before surgery; remove 24 hours after surgery</li> <li><input type="checkbox"/> Other: _____</li> </ul>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Physician Signature:</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Date (required)</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Time (required)</td> </tr> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">PACU RN Signature:</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Date (required)</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Time (required)</td> </tr> </table>		Physician Signature:	Date (required)	Time (required)	PACU RN Signature:	Date (required)	Time (required)
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ANESTHESIA  
Pre- and Post- Operative ROUTINE Orders**

**1. Post Anesthesia Orders:**

- a. O<sub>2</sub> per nasal cannula or face mask (iterate to keep saturations greater than 94% or at pre op baseline)
- b. Perform blood glucose test on Insulin dependent diabetics. (If less than 70 mg/dL or greater than 250 mg/dL, contact Anesthesia).
- c. Discharge to home when discharge criteria met and anesthesia approved.

**2. PACU PRN Medications:**

**Pain Medications**

**Severe Pain- Parenteral**

- HYDROMorphone (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 HYDROMorphone, maximum of 5 doses (10 mg).
- Fentanyl \_\_\_\_\_ mcg IVP every \_\_\_\_\_ minutes for pain level greater than 5 and RR greater than 10, after 2 mg HYDROMorphone AND 10 mg Morphine, maximum of \_\_\_\_\_ doses.

**Moderate Pain- Parenteral (May ONLY select one)**

- 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)

**Moderate Pain- PO (May ONLY select one)**

- Acetaminophen with Codeine (12 mg codeine/ 120 mg acetaminophen / 5 ml) \_\_\_\_\_ ml PO PRN moderate pain x 1 dose
- Hydrocodone/Acetaminophen oral elixir (10 mg hydrocodone / 300 mg acetaminophen / 15 ml) \_\_\_\_\_ ml PO prn moderate pain x 1 dose
- Hydrocodone/Acetaminophen 5/325 mg PO PRN moderate pain x 1 dose
- Hydrocodone/Acetaminophen 7.5/325 mg PO PRN moderate pain x 1 dose
- Oxycodone IR 5 mg PO PRN moderate pain x 1 dose

**Mild Pain- PO (May ONLY select one)**

- Ibuprofen (Motrin) \_\_\_\_\_ mg PO prn mild pain X1 dose (Do not give if already given in OR)
- Acetaminophen (TYLENOL) 160 mg/ 5 mL suspension \_\_\_\_\_ mg PO PRN mild pain x 1 dose
- Acetaminophen (TYLENOL) 325 mg, 2 tablets PO PRN mild pain x 1 dose

**Post-operative Nausea and Vomiting (May ONLY Select one; additional orders needed for additional medication)**

- Promethazine (Phenergan) 12.5 mg IVPB (in 50 ml NaCl over 10 minutes) x1 dose
- Metoclopramide (REGLAN) 10 mg IVP x 1 dose
- Dexamethasone (DECADRON) 4 mg IVP x1 dose
- Ondansetron (Zofran) \_\_\_\_\_ mg IVP, q4hr
- Scopolamine Patch, apply 1 patch to hairless area behind ear, if not applied in pre-op; remove 24 hours after surgery

**Other Medication**

- Albuterol 2.5 mg/ 3 ml nebulized solution PRN for wheezing x 1 dose
- Labetalol \_\_\_\_\_ mg IVP PRN for SBP greater than 160 mmHg
- Other meds: \_\_\_\_\_

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Physician Signature:

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Date (required)

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Time (required)

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PACU RN Signature:

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Date (required)

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Time (required)

PT.

MR.#/P.M.

DR.