

## McLaren Print System Order

Order No: 18471 Reprint Previous Order No: 9524  
 Order Date: 2016-04-21  
 User: Darlene Wallace  
 Phone: 22856

Ship Location: McLaren Flint, OR - Darlene Wallace 3-South  
 401 S. Ballenger Highway  
 Flint, MI 48532

### Forms

Quantity: 500  
 Paragon Dept No: 30210  
 Dept Name: PACU  
 Company Number: 60

Order Total Price: 0.00

Item Number: M-1708-212  
 Item Description: Anesthesia - Routine  
 Revision Date: 4/22/2011  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

McLaren Print  
ANESTHESIA - ROUTINE

<b>ORDER</b>			
<small>ALLERGY: See Medication Reconciliation Form</small>			
1. Pre Op Working Review Orders for all Patients a. Oxygen PNB for saturations less than 94% after ventilation on an Room Air b. IV and LR 1000 ml / 500 ml for eye, EEG, and/or other patients at 10:00 / 1:00 - after with intravenous PL/Keloran 500 / 1000 ml at 10:00 - 1:00 for Anesth Patients			
2. Patient's History a. No history of an. of surgery b. Patient's (last name) (DOB) c. Repeat PNB less than 70 or greater than 300			
3. General Anesthesia Patients a. General An. 10 units with (SA Obviously GERD or other to receive NPO) needs b. Fentanyl (FENT) 20 mcg PO with up of H <sub>2</sub> O c. Midazolam (MID) 10 mcg with up of H <sub>2</sub> O d. History of recent diabetes or nausea and vomiting give e. Oxygen Sat. (SPO <sub>2</sub> ) 90% PO or otherwise			
4. Orders and PNB's with GERD give e. Give Acid/Carbon (Gastric) (GASTRO) 30 ml PO before reflex needs before that day			
5. PAIN Medications: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Fentanyl (FENT) 20 mcg PO or IV  <input type="checkbox"/> Midazolam (MID) 10 mcg PO or IV  <input type="checkbox"/> Nitroglycerin (NTG) 0.2 mg IV  <input type="checkbox"/> Oxycodone (OX) 5 mg PO  <input type="checkbox"/> Demerol (DEM) 50 mg PO  <input type="checkbox"/> Hydrocodone Bitartrate (HCB) 5 mg PO  <input type="checkbox"/> Lorazepam (LOR) 1 mg PO  <input type="checkbox"/> Gabapentin (GAB) 300 mg PO                         </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Etoricoxib (ETOR) 60 mg PO Pain scale 1-3  <input type="checkbox"/> Celecoxib (CEL) 200 mg PO  <input type="checkbox"/> Acetaminophen (TYLENOL) 500 mg PO Pain scale 1-3  <input type="checkbox"/> Give Acid/Carbon (Gastric) (GASTRO) 30 ml PO  <input type="checkbox"/> Ibuprofen (IBU) 400 mg PO orally  <input type="checkbox"/> Ibuprofen (IBU) 600 mg PO orally  <input type="checkbox"/> Fentanyl 2 mcg IV  <input type="checkbox"/> Morphine (MOR) 2 mg IV  <input type="checkbox"/> Other                         </td> </tr> </table>		<input type="checkbox"/> Fentanyl (FENT) 20 mcg PO or IV <input type="checkbox"/> Midazolam (MID) 10 mcg PO or IV <input type="checkbox"/> Nitroglycerin (NTG) 0.2 mg IV <input type="checkbox"/> Oxycodone (OX) 5 mg PO <input type="checkbox"/> Demerol (DEM) 50 mg PO <input type="checkbox"/> Hydrocodone Bitartrate (HCB) 5 mg PO <input type="checkbox"/> Lorazepam (LOR) 1 mg PO <input type="checkbox"/> Gabapentin (GAB) 300 mg PO	<input type="checkbox"/> Etoricoxib (ETOR) 60 mg PO Pain scale 1-3 <input type="checkbox"/> Celecoxib (CEL) 200 mg PO <input type="checkbox"/> Acetaminophen (TYLENOL) 500 mg PO Pain scale 1-3 <input type="checkbox"/> Give Acid/Carbon (Gastric) (GASTRO) 30 ml PO <input type="checkbox"/> Ibuprofen (IBU) 400 mg PO orally <input type="checkbox"/> Ibuprofen (IBU) 600 mg PO orally <input type="checkbox"/> Fentanyl 2 mcg IV <input type="checkbox"/> Morphine (MOR) 2 mg IV <input type="checkbox"/> Other
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6. Post Anesthesia Orders a. 1/2 per nasal cannula or face mask (order to keep saturations greater than 94% or at per op baseline) b. Treat N for discomfort c. Patient blood glucose test on insulin-dependent diabetes (if greater than or less than that's test) d. 200 mg Lorazepam PNB for case Room e. Discharge/Status after vitals and anesthesia approved			
7. PAIN Pain Medications: <input type="checkbox"/> Morphine sulfate _____ mg IV every _____ minutes, total of _____ mg every 2 hours <input type="checkbox"/> Midazolam (MID) _____ mg IV every _____ minutes, total of _____ mg <input type="checkbox"/> Fentanyl (FENT) _____ mg IV every _____ minutes, total of _____ mg <input type="checkbox"/> Oxycodone (OX) _____ mg PO <input type="checkbox"/> Demerol (DEM) _____ mg PO <input type="checkbox"/> Hydrocodone Bitartrate (HCB) _____ mg PO <input type="checkbox"/> Lorazepam (LOR) _____ mg PO <input type="checkbox"/> Gabapentin (GAB) _____ mg PO <input type="checkbox"/> Etoricoxib (ETOR) 60 mg PO Pain scale 1-3 <input type="checkbox"/> Celecoxib (CEL) 200 mg PO <input type="checkbox"/> Acetaminophen (TYLENOL) 500 mg PO Pain scale 1-3 <input type="checkbox"/> Give Acid/Carbon (Gastric) (GASTRO) 30 ml PO <input type="checkbox"/> Ibuprofen (IBU) 400 mg PO orally <input type="checkbox"/> Ibuprofen (IBU) 600 mg PO orally <input type="checkbox"/> Fentanyl 2 mcg IV <input type="checkbox"/> Morphine (MOR) 2 mg IV <input type="checkbox"/> Other			
Physician Signature _____ Date (required) _____ Time (required) _____ PACU RN Signature _____ Date (required) _____ Time (required) _____ Page 1 of 1 Revised 4/22/2011			
PHYSICIAN'S ORDERS AND INSTRUCTIONS TO NURSE M-1708-212 0420 Patient Label			