

1. Obtain an ECA pump. If no pump is available, refer to nursing policy IV-12.
2. Bupivacaine 0.125% (Final concentration)  
Fentanyl 10 mcg/ml (Final concentration)  
To run @ Rate of \_\_\_\_\_ml/hr.  
**\*NOTE: Fentanyl containing solution will be delivered in PCA cassette. All epidurals to be delivered in mls/hr. Zero the concentration screen on the ECA pump.**
3. Obtain baseline vital signs.
4. VS: Vital Signs, Pain Assessment, Sedation Assessment and assessment of side effects every 1 hr. x 4; then every 4 hrs. Increase respiratory rate assessment to every 1 hr. if sedation level is 2 or greater.
5. Maintain IV access (IV drip or Hep-lock).
6. **NO SYSTEMIC NARCOTICS MAY BE GIVEN** (unless ordered by MDA).
7. For respiratory rate less than 10/min – stop epidural infusion **IMMEDIATELY**. Titrate naloxone (Narcan) 0.1mg IV push, repeat every 5 min PRN up to 0.4mg, to keep respiratory rate greater than 10/min. **Notify MDA on call STAT!**
8. For N/V: Promethazine (Phenergan) 12.5mg IV – q 2 hrs. PRN x 2 (1st)  
Droperidol (Inapsine) 0.625mg IV – q 2 hrs. PRN x 2 (2nd)  
Metoclopramide (Reglan) 5mg IV – q 4 hrs. PRN x 2 (3rd)
9. For Urinary retention: straight cath PRN x 2. If retention persists for more than 6 hours, Notify MDA on call.
10. For pruritus (itching): Diphenhydramine (Benadryl) 25mg IV q 2 hrs. x 2.
11. For pain: increase infusion rate by 1 ml/hr; wait 1 hr; repeat x 1 PRN. If pain persists Notify MDA on call.
12. If there are any questions about the ECA, call Anesthesia on call, Monday-Friday 8:30 AM to 5:00 PM; at 526-2366; or the OR at 526-2340; All other times, call Anesthesia answering service, 523-0169.
13. When ECA is discontinued, call attending/surgeon for pain medication orders. If orders Are not immediately available, please use orders below:
  - a. Percocet 5/325mg: 1 tablet by mouth every 4 hours prn for pain scale less than 4;  
2 tablets by mouth every 4 hours prn for pain scale 4 or greater.
  - b. Morphine: 2mg IV every 2 hours prn breakthrough pain 2-3 on pain scale;  
4mg IV every 2 hours prn breakthrough pain 4-10 on pain scale.

*\*Check appropriate orders or cross out any items not appropriate for this patient*

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Time:\_\_\_\_\_ Verbal Order: \_\_\_\_\_,RN/\_\_\_\_\_,MD

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Time:\_\_\_\_\_ MD Signature:\_\_\_\_\_, MD

Verbal Order Verification: \_\_\_\_\_

**Patient Identification**

CHH-756

ORIG: 3/7/1990

REV: 7/1991,9/1991,2/1992,12/1993,12/1998,6/1999,9/2004 RS