### Intrathecal or Epidural Narcotic Injection Orders

**Pharmacy Mnemonic: NARCINJ1**

These orders should be followed for 24 hours after administration of intrathecal or Epidural narcotics.

Do Not use these orders for Epidural Catheter Infusions – Use Epidural Infusion Orders

After 24 hours, please follow surgeon’s orders for pain control and symptom relief.

1. Patient received ______ mg [ ] Intrathecal or [ ] Epidural Morphine (preservative free) at _____ hrs.
   - Record time and date of intrathecal or epidural narcotic dose on MAR when patient arrives on floor.
2. Place intrathecal or epidural narcotic sign on door.
3. [ ] Initiate continuous POET monitoring (pulse oximetry/end tidal capnography) x 24 hrs from time of injection.
4. Do not administer any anticoagulant medication until at least 12 hrs after the above dose time due to increased risk of bleeding.
5. Do not give IM, IV, subcutaneous, or PO sedatives or narcotics, except as noted in orders below, without consulting the Anesthesiologist on call.
6. Oxygen 2 liters by nasal cannula for 24 hrs. Oxygen may be discontinued after 24 hrs if room air saturation by pulse oximetry is 93% or higher.
7. Ambu-bag at bedside at all times.
8. Maintain IV access for 24 hrs.
9. Activity: Out of bed with assistance only.
10. Monitor and record Level of Consciousness and Respiratory Rate q 1 hr x 24 hrs. Then monitor and record q 4 hrs X 24 hrs. Monitor and record blood pressure and pulse q 4 hrs for 24 hrs.
    - Neurologic checks q 2 hrs x 24 hrs.
12. For **Respiratory Depression** (respiratory rate < 10 per min)
   - 1.) Stimulate patient.
   - 2.) Check SpO2 (pulse oximeter). If < 93%, apply oxygen to keep SpO2 > 92%.
   - 3.) Call Anesthesiologist on call immediately.
13. For **Level of Consciousness** of 3 (obtunded) AND respiratory rate < 10, give
   - 1.) Narcan (naloxone) 0.2 mg IV. May repeat once after 3 min.
   - 2.) Call Anesthesiologist on call immediately.
14. Do not remove foley catheter before 24 hrs or per surgeon.
15. Notify physician if patient allergic to any medications.
16. Treatment of **Break-through Pain**: DO NOT EXCEED 3 grams of acetaminophen in 24 hrs.
   - A.) For **mild or moderate pain**: For mild (0.1–3) or moderate (3.1–5.9 on the numeric pain intensity scale) pain:
     - [ ] Percocet-5 (oxycodone/acetaminophen 5/325 mg):
     - [ ] One tablet [ ] Two tablets PO q 6 hrs PRN
     - B.) For **severe pain** (6 - 10 on the numeric pain intensity scale):
     - Monitor respiratory rate q 15 min x 4 after IM narcotic dose.
     - (If both meds below are selected, please write a 1 or 2 in front of each med to indicate which should be administered initially, and which should be administered in the event the first med is ineffective).
     - _____ [ ] Morphine ____________ mg IM q 4 hrs PRN.
     - _____ [ ] Nubain (nalbuphine) 10 mg IM x 1, then 5 to 10 mg IM q 6 hrs PRN
Intrathecal or Epidural Narcotic Injection Orders

Date & Time

17. Treatment of Side Effects:

A.) Nausea or Vomiting: (If selecting more than one option, please write a 1, 2, or 3 in front of each med to indicate which med should be administered initially, and which med should be administered in the event the first med is ineffective.)

- ☐ Phenergan (promethazine) 25 mg IM q 4 hrs PRN
- ☐ Phenergan (promethazine) 6.25 mg IV q 4 hrs PRN (Dilute in 10 mL Normal Saline and push slowly over 3 min.) May repeat x 1 in 10 min.

Max 4 hr Phenergan (promethazine) dose = 25 mg.

- ☐ Zofran (ondansetron) 4 mg IV q 6 hrs PRN. May repeat x 1 after 10 min.

B.) Itching: (If selecting more than one option, please write a 1, 2, or 3 in front of each dose/route combination to indicate which dose/route combination should be administered initially, and which should be administered in the event the first med is ineffective).

- ☐ Benadryl (diphenhydramine): _____ 25 mg 50 mg PO q 4 hrs PRN
- ☐ 25 mg IM q 4 hrs PRN
- ☐ 12.5 mg IV q 4 hrs PRN. May repeat x 1 after 10 min.

Max 4 hr IV dose = 25 mg.

☐ Trexan 1 mg per mL. Give 3 mL PO. May repeat x 1 in 30 min.

☐ Add one amp (0.4 mg in 1 mL) Narcan (naloxone) to 1000 mL Lactated Ringers, infuse at 100 mL per hr. Do not use this IVF for boluses.

18. If patient has received either epidural or intrathecal narcotics AND anticoagulants are ordered, give anticoagulants as ordered but no sooner than:

- Coumadin at least 2 hrs after epidural or spinal is performed (see #1).
- Lovenox (enoxaparin) at least 12 hrs after epidural or spinal is performed (see #1).
- Arixtra (fondaparinux) at least 12 hrs after epidural or spinal is performed (see #1).

19. Notify Anesthesiologist on call for any questions. Anesthesiologist may be reached by calling 601-200-6850 (Operating Room Control desk) or by calling Nursing Supervisor and asking for the phone number for the Anesthesiologist on call.

20. Level of Consciousness Scale: 1=Alert 3=Obtunded 5=Unconscious

2=Lethargic 4=Stuporous

Date / Time

Physician Signature

DOCTOR’S ORDERS

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