**Post Myelogram Headache/Blood Patch Orders**

Pharmacy Mnemonic: BLOODPAT

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1. Admit to Interventional Radiology: Dr. ____________________  □ Outpatient

2. Diagnosis: ____________________________

3. Vital Signs:

4. Strict bed rest x 6 hrs then bathroom with assistance.

5. Diet: Full liquid

6. Lab: CBC w/diff, PT/PTT

7. IV: Sodium Chloride 0.9% at 150 mL per hr x 4 hours then 100 mL per hr

8. **Medication:** *Administer medication utilizing range order guideline.*
   - □ Morphine: □ 2 mg IV q 3 hrs PRN severe pain (6 – 10 on the numeric pain intensity scale)
   - **OR** □ 4 mg IV q 3 hrs PRN severe pain (6 – 10 on the numeric pain intensity scale)
   - If patient becomes obtunded and respiratory rate is ≤ 10, administer Narcan (naloxone) 0.4 mg IV STAT and notify physician immediately (unless patient is considered terminal, comfort care only, or hospice).
   - □ Phenergan (promethazine): 12.5 mg IV q 4 hrs PRN nausea.
   - □ Ambien (zolpidem) 5 mg po q hs PRN sleep.

9. □ Pharmacy to identify and list home meds

10. Consult Anesthesia for blood patch

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Date: ____________________  Time: ____________________  Physician Signature: ____________________