**Post-Operative STANDING ORDERS**

**ANESTHESIA**

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<th>Date:</th>
<th>Time:</th>
<th>Height:</th>
<th>Inches</th>
<th>cm</th>
<th>Weight:</th>
<th>Kg</th>
<th>Lb</th>
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Allergy/Sensitivities and reactions:

### 1. Analgesia PRN:
- ☐ Morphine Sulfate _____mg IVP. May repeat every 10 minutes to a maximum dose of _____mg.
- ☐ Hydromorphone (Dilaudid) _____mg IVP. May repeat every 15 minutes to a maximum dose of _____mg.
- ☐ Ketorolac (Toradol) _____mg IVP.
- ☐ Other ________________________________________________________________

### 2. Nausea/Vomiting:
- ☐ Droperidol (Inapsine®) 0.625 mg IVP. May repeat once in 20 minutes.
- ☐ Ondansetron (Zofran®) 4mg IV push slowly.
- ☐ Metoclopramide (Reglan®) 10mg IVP slowly
- ☐ Diphenhydramine (Benadryl®) _____mg IVP slowly.
- ☐ Dexamethasone (Decadron) _____mg IVP
- ☐ Other _____________________________________________________

### 3. Fluids:
- ☐ Bolus ☐ 250ml ☐ 500ml of _______ IV Fluids in PACU
- ☐ Continue IV fluids at ____ml/hr in PACU
- ☐ 6% Hetastarch (Hespan®) ________ml bolus
- ☐ Other _____________________________________________________

### 4. Respiratory Therapy Treatment(s):
- ☐ Albuterol Sulfate (Ventolin) nebulizer 2.5mg in 0.9%NaCl per RT
- ☐ Other _____________________________________________________

### 5. Oxygen Therapy
- ☐ Nasal cannula at _____ liters/min; wean to O₂ saturation of 92% or pre-op baseline
- ☐ Oxygen Mask at ______%; wean to O₂ saturation of 92% or pre-op baseline

### 6. Labwork/Tests:
- ☐ Hgb/Hct ☐ Electrolytes ☐ BUN ☐ Creatinine ☐ Glucometer ☐ ABG’s
- ☐ ECG; reason: ________________________________
- ☐ Chest X-ray; reason: _________________________
- ☐ Other _____________________________________________________

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**Physician Signature:**

**Pager:**

**Date:**

**Nurse Signature:**

**Date:**

**Health Unit Clerk Signature**

**Date:**