



# PHYSICIAN'S ORDER SHEET: EPIDURAL in LABOUR

USE BALLPOINT PEN ONLY.

Bethesda

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.  
Patient allergy and contraindications must be considered when completing these orders.*

Automatically Activate, if not in agreement, cross out and initial  Activated by Checking Box

MEDICATION ORDERS	GENERAL ORDERS
<p><b>Initial loading dose (Anesthetist Only)</b>  <input checked="" type="checkbox"/> (25 mL syringe) bupivacaine 0.08% &amp; fentaNYL 2 mcg/mL at _____ mLs (usual dose 15-20 mLs)</p> <p><b>CONTINUOUS EPIDURAL INFUSION</b>  <input checked="" type="checkbox"/> 125mL pre-mix bag of bupivacaine 0.08% &amp; fentaNYL 2 mcg/mL            Usual basal rate: 8 mL/hour            Range 4 to 12 mL/hour            Start at _____ mL/hour</p> <p><b>PCEA</b>  <input checked="" type="checkbox"/> PCEA dose: 8 mL            Delay (lockout): 10 minute            One hour limit: 40 mL</p> <p><b>EPIDURAL TOP-UP (Anesthetist Only)</b>  <input type="checkbox"/> fentaNYL 50 mcg in 5mL normal saline every 60 minutes prn  <input type="checkbox"/> bupivacaine 0.25% _____ mL every 1-2 hours prn (Usual dose 5 mL)</p> <p><b>OTHER ORDERS</b>  <input checked="" type="checkbox"/> diphenhydramINE 25 mg IV or 50 mg IM every 4-6 hour prn for severe itching  <input type="checkbox"/> _____  <input type="checkbox"/> _____</p>	<p><input type="checkbox"/> Normal saline bolus - give 500 – 1000 mL prior to insertion of epidural</p> <p><input checked="" type="checkbox"/> Vital signs and patient assessments per epidural procedure.</p> <p><input checked="" type="checkbox"/> Fetal heart rate monitoring - per epidural procedure.</p> <p><input checked="" type="checkbox"/> If dermatome levels above T6 – reduce continuous infusion by 2 mL per hour and re-assess dermatome in 60 minutes</p> <p><input checked="" type="checkbox"/> If systolic BP less than _____ mmHG – give 500 mL bolus of normal saline and call anaesthetist.</p> <p><input type="checkbox"/> Patient may be mobilized per procedure</p> <p><input checked="" type="checkbox"/> Empty bladder - every 2 hours</p> <p><input checked="" type="checkbox"/> D/C ambulation if top-up with Bupivacaine 0.25%.</p> <p><input checked="" type="checkbox"/> Remove epidural catheter after delivery if no coagulation abnormalities.</p> <p><input type="checkbox"/> _____            _____            _____</p> <p><input type="checkbox"/> _____            _____            _____</p>

Physician's Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

FAX SENT

DATE/TIME