



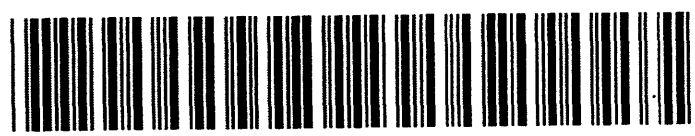
144 State Street, Portland, Maine 04101

Physician Orders: Post-operative low dose Ketamine Analgesia / Division of Anesthesia

Date	Time	<input type="checkbox"/> Observation Status	<input type="checkbox"/> Admit to Inpatient	Action Taken Signature
Allergies				
		<input type="checkbox"/> No Known Allergies <input type="checkbox"/> Allergies:		
Weight				
		<input type="checkbox"/> Weight in kg:		
		Intra-operative Ketamine Dosing: <input type="checkbox"/> Pre-incision bolus: _____ mg (0.25 – 0.5 mg/kg) <input type="checkbox"/> Intra-op infusion: _____ mg/hour (<i>Recommended prescribing range: 0.125 – 0.25 mg/kg/hour</i>)		
		Post-op Low Dose Ketamine Infusion: <input type="checkbox"/> Run post operative ketamine infusion at _____ mg /hour (<i>Recommended prescribing range: 0.05 – 0.125 mg/kg/hr</i>). <input type="checkbox"/> Decrease infusion to _____ mg /hr after 24 hours. <input type="checkbox"/> Discontinue ketamine infusion at _____ (time) on _____ (date)		
		Post Op Monitoring: <input checked="" type="checkbox"/> Sedation score q 1hr x 6, q 2h x12, then q 4h x 12, and discontinue. <input checked="" type="checkbox"/> Stop infusion and call anesthesiologist for Sedation Agitation Score of 3 or less (sedated, difficult to arouse, following simple commands but drifting off again) or a Modified Ramsey Scale score of 5 or higher (asleep, sluggish response). <input checked="" type="checkbox"/> Page anesthesiologist on call if patient becomes dysphoric, agitated, or confused. <input checked="" type="checkbox"/> Other monitoring as per post-op surgical orders or post op nursing protocol (Standards of Care for Pain Management <input checked="" type="checkbox"/> Other monitoring as per Post Op Spinal Narcotic Order set, if ordered. <input checked="" type="checkbox"/> Other monitoring as per Sleep Apnea Order set, if ordered.		
		Physician signature:	Date:	Time:

TIME, DATE AND SIGN ALL ORDERS

AN 30 12/2010, rev 1/2011



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