BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

**PHYSICIAN'S ORDERS**

**ALLERGIES: See Master Allergy Sheet**

| ORDERED Date | ORDERED Time | EPIDURAL ORDERS DR. CHILDREY | TIME ORDER NOTED |
|---|---|---|---|
| | | | |
| | | 1. Pre-load patient with _____ml Lactated Ringers | |
| | | 2. Have on hand: Premixed bag of Fentanyl / Bupivicaine P.F. | |
| | | (2 micrograms / milliliter / 0.125%) injectable | |
| | | 3. Continuous pulse oximetry | |
| | | Bupivicaine 0.25% / Bupivicaine 0.5% 30ml vial | |
| | | | |
| | | Physician Signature: _____ | |
| | | | |
| | | Date/Time: _____ | |

▼ Patient Label ▼

BAPTIST MEMORIAL HOSPITAL GOLDEN TRIANGLE

**EPIDURAL ORDERS DR. CHILDREY**

Form # 18-214.194 (01/09)

Original – Chart / Canary – Pharmacy