

ORDER SET: PAIN MANAGEMENT

PAIN CARE PROCEDURES

(PROCEED WITH CHECKED ORDERS ONLY)

PRE-PROCEDURE				
Patient name			Date of Birth	
X				
X	Vita	al signs		
 Confirm NPO status. If patient has not been NPO for minimum indications for procedure/scheduled time, Confirm patient has a driver prior to procedure If patient has diabetes, check bedside blood glucose x1 				r
×	Bedside urine pregnancy as needed per hospital policy			
×				
×				
×	NO	te pain so	score on admission and discharge from unit	
Phy	sicia	an:	Date: <u>Time:</u>	
POST- INJECTION (only use this section for CC1 downtime)				
	×	Admit t	to Phase II/PACU	
 Vital signs every 15 minutes x2 or PRN Note pain score on admission and discharge from unit 				
	Check injection site for hematoma or bleeding and notify MDPt. may be discharged in 30 minutes if patient meets discharge criteria		injection site for hematoma or bleeding and notify MD	
			y be discharged in 30 minutes if patient meets discharge criteria	
Discontinue IV/Saline lock once tolerating fluids		-		
		Medica		
		_		
			nyurocouone/Acetanninophen ong/ozong z tabs PO PRN pain level 4-7 x1 uose	
Phy	sicia	an:	Date: Time:	