UHN Toronto General Toronto Western Princess Margaret Toronto Rehab

Doctor's Order Sheet

❒ Toronto General Hospital
❒ Toronto Western Hospital
❒ Princess Margaret Hospital

Post Anesthetic Care Unit (PACU) Orders

Addressograph

PLEASE USE BLACK **OR** BLUE BALLPOINT PEN, PRESS FIRMLY

ALLERGIES:
NO KNOWN ALLERGIES ☐
KNOWN ALLERGIES (Specify) ☐

PHYSICIAN'S ORDER AND SIGNATURE | SIGNATURE(S) AND POSITION | ACTION TAKEN | PHARMACY

(Please check ☑ appropriate box(es) and complete orders as required)

1. TREATMENTS:

a) OXYGEN THERAPY:

- ❑ None required.
- ❑ Administer oxygen via nasal prongs or mask to maintain oxygen saturation greater than 94%
- ❑ Initiate CPAP/IPAP/BiPAP Therapy CPAP- pressure_____cmH2o
- ❑ Respiratory Therapy (RT) to initiate/adjust/wean ventilation according to UHN mechanical ventilation protocol to maintain:
  - a) PCO2_____ or pH_____
  - b) SaO2_____ or PaO2_____
  - c) Vt greater than_____ml and RR less than _____

b) EXTUBATION:

- ❑ Anesthesiologist to extubate
- ❑ PACU RN to extubate as per UHN policies (49.10.001 and 49.10.002)

2. LABORATORY TESTING:

- ❑ Point of care testing arterial blood gas
- ❑ Other

3. IV THERAPY: (Ordered in EPR)

4. MEDICATION: (Ordered in EPR)

See Form D-2649DT PMH/EPR Downtime: Post Anesthetic Care Unit (PACU) Orders

5. DISCHARGE INSTRUCTIONS

- ❑ When Post Anesthetic Care Unit discharge scoring system criteria are met
- ❑ Extended PACU stay (e.g., suspected and or confirmed obstructive sleep apnea, cardiac events)
- ❑ Discharge to monitored bed
- ❑ Anesthesiologist to see patient prior to discharge

6. OTHER ORDERS: _____

_____
_____
_____
_____
_____

Physician Signature:_____ Date:_____/_____/_____ (dd mm yy) Time:_____

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