



Patient Care Order Set

Malignant Hyperthermia (MH) Post Anesthetic Monitoring Order Set		TRANSCRIPTION
<p>***Malignant hyperthermia (MH) susceptible patients who undergo surgery in the OR and/or who are recovered in the Post Anesthetic Care Unit (PACU) regardless of anesthetic technique (including local anesthesia) must be observed and monitored for a minimum of 2 hours after surgery***</p> <p>Post-Operative/Procedure Vitals and Monitoring</p> <p>Monitor in PACU for _____ hours (minimum 2 hours)</p> <p>Vitals</p> <p><input checked="" type="checkbox"/> Monitor pulse, blood pressure, oxygen saturation and temperature (oral or tympanic) q15 min for 1 hour; then q30 min for duration of stay in PACU;</p> <p><input checked="" type="checkbox"/> Notify Anesthesiologist if temperature is greater than 37.5 °C (oral) and/or HR and BP change greater than 20% from preanesthetic baseline</p> <p>Monitoring</p> <p><input checked="" type="checkbox"/> Monitor patient for myoglobinuria (cola-coloured urine), and notify prescriber if occurs</p> <p>Discharge</p> <p><input checked="" type="checkbox"/> Discharge from PACU when PACU discharge criteria have been met and the receiving unit is able to meet the remaining MH monitoring requirements</p> <p><input checked="" type="checkbox"/> Inform the nurse receiving the patient of the remaining MH monitoring requirements</p> <p><input checked="" type="checkbox"/> Discharge home _____ hours after PACU admission and when the home discharge criteria for that area have been met, and a minimum of 2 hours of observation and monitoring has been completed</p> <p>Additional Orders</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>Orders Transcribed</p> <p>Date: _____ (yyyy/mm/dd)</p> <p>Time: _____ (hh:mm)</p> <p>_____</p> <p>PRINT NAME</p> <p>_____</p> <p>Signature/Discipline</p>
		<p>Transcription Checked By (must be a nurse)</p> <p>Date: _____ (yyyy/mm/dd)</p> <p>Time: _____ (hh:mm)</p> <p>_____</p> <p>PRINT NAME</p> <p>_____</p> <p>Signature/Discipline</p>
<p>Submitted by _____</p> <p>ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM _____</p> <p>Prescriber _____</p> <p>ID _____ PRINTED NAME _____ YYYY-MM-DD HH:MM _____ SIGNATURE _____</p>		<p>Pharmacy Use Only:</p> <p>Reviewed By: _____</p> <p>Entered By: _____</p> <p>Checked By: _____</p>

