

PROTOCOL TEMPLATE

PATIENT NAME

ALLERGIES: _____

PERI-OPERATIVE AND LABOR ANALGESIA PROTOCOL

Medications:	Dose Administered	Route of Administration
1. Name (dosage range.....) _____ Example:	_____mcg	IV Oral/nasal IM Epidural/Spinal
2. Versed (0.025-0.1mg/kg)_____mg		IV Oral/nasal IM Epidural/Spinal
3. Fentanyl (2-20mcg/kg)_____mcg		IV Oral/nasal IM Epidural/Spinal
4. And so on...whatever anesthesia or controlled Substances commonly used and are available in the hospital or ASC or office-based formulary		
5. _____() _____		
6. _____() _____		
7. etc...etc.....		

Anesthesia Signature & Date

Physician Signature & Date

**Name of Hospital
Address**