**Appendix 4: Sample Respiratory Monitoring Order Set in Accordance with Society for Obstetric Anesthesia and Perinatology 2018 Respiratory Monitoring Guidelines**

Vital Signs:

* If patient is identified as low-risk for respiratory depression per checklist screening, received ultra low-dose neuraxial morphine (i.e., intrathecal ≤0.05mg or epidural ≤1mg) with no perioperative risk factors for respiratory depression.
* No additional postoperative respiratory monitoring required, routine postoperative monitoring per institutional guidelines
* If patient is identified as low-risk for respiratory depression per checklist, received low-dose neuraxial morphine (i.e., intrathecal >0.05-0.15mg or epidural >1-3mg) with no perioperative risk factors for respiratory depression.
  + Respiratory rate monitoring every 2h for 12h after neuraxial morphine administration
  + Sedation score every 2h for 12h after neuraxial morphine administration
* If patient identified as high-risk for respiratory depression per checklist, received high neuraxial morphine dosing (i.e., intrathecal >0.15mg or epidural >3mg), or if prescribed concomitant sedating medications (e.g., benzodiazepines, sleeping aids, intravenous opioids, magnesium administration) (*mark all indicated monitoring as applicable*)
  + Respiratory rate Q1h for 12h and Q2h for 12-24 h as per ASA guidelines
  + Sedation score Q1h for 12h and Q2h for 12-24 h as per ASA guidelines
  + Pulse oximetry (Select frequency: continuous or continual intermittent q1h for 12-24h)
  + Capnography (Select frequency: continuous or continual intermittent q1h for 12-24h)

Notifications:

* Notify MD if: magnesium, intravenous opioids or benzodiazepines are prescribed.
* Call Anesthesiologist if: respiratory rate <10/min or oxygen saturations <92% on two occasions. Start oxygen at 10L/min via non-rebreathing mask.
* Call Anesthesiologist or Rapid Response team STAT for respiratory rate <8/min, oxygen saturations <90% or excessive drowsiness. If unarousable or apneic, administer naloxone, oxygen at 10L/min via non-rebreathing mask, bag-mask ventilate as needed while MD arrives.

Medications:

* If prescribing magnesium sulfate, notify MD and follow high-risk patient respiratory monitoring until drug is discontinued.
* If prescribing intravenous opioids (e.g., hydromorphone/morphine/fentanyl), notify MD and follow high-risk patient respiratory monitoring until 4 hours after drug is last administered.
* If prescribing benzodiazepine or sleeping aids, notify MD and follow high-risk patient respiratory monitoring until 8 hours after drug is last administered.

Abbreviations: Q, every; h, hour(s); min, q, every; minutes; STAT, immediately.