

McLaren Print System Order

Order No: 52815 Reprint Previous Order No: 26250
Order Date: 2020-02-25
User: Sandy Wright
Phone: 810-342-2401

Ship Location: McLaren Fenton ED - 2 South/ Attn: Sandy Wright
401 S. Ballenger Highway
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 31018
Dept Name: Emergency Department
Company Number: 60

Order Total Price: 0.00

Item Number: M-1708-314
Item Description: McLaren Flint ED Titratable Drip Order.
Revision Date: 4/26/2017
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint
Emergency Department
Titratable Drip Order Sheet

<input type="checkbox"/> Codeine (Civpro) 1 mg/hr continuous infusion. Double dose every 30 seconds until approaching SBP goal of ± 10 , then increase by 1 mg/hr every 3 minutes. Max rate 21 mg/hr. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> Doxid/Desferriox (Pheredol) 0.2 mg/kg/hr continuous infusion. Increase by 0.1 mg/kg/hr every 15 minutes until desired response of RASS -1 to 0. Max rate 1.0 mg/kg/hr. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> Diltiazem (Cardizem) bolus 0.25 mg/kg actual body weight over 2 minutes. Max 20 mg bolus. <input type="checkbox"/> Diltiazem (Cardizem) 0 mg/hr continuous infusion. Increase rate every 5 mg/hr every 15 minutes to desired heart rate. Max rate 10 mg/hr. Hold for SBP ± 10. Desired heart rate. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> DOLUFEMINE 2.1 mg/kg/hr continuous infusion. Increase by 2.1 mg/kg/hr every 15 minutes until desired response is achieved. CI ≥ 2 HR ≤ 110, SBP ≥ 90, or SBP ≥ 90. Max rate 20 mg/kg/hr. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> DOFEMINE 0 mg/hr continuous infusion. Increase by 1.0 mg/kg/hr every 15 minutes until desired response is achieved. SBP ≥ 90 or SBP ≥ 90. Max rate 20 mg/kg/hr. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> EPINEPHRINE 0.05 mg/kg/hr continuous infusion. Increase by 0.05 mg/kg/hr every 15 minutes until SBP ≥ 90 or SBP ≥ 90 bpm. Max dose not defined. Contact physician for further orders if a rate of 0.2 mg/kg/hr is achieved and not at goal. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> EXEMIDE (Exemide) 0.1 mg/kg/hr continuous infusion. Increase by 20 mg/kg/hr every 3 minutes until HR ≤ 100 and SBP ≥ 90 . Max rate 200 mg/kg/hr. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> Fentanyl 1 mg/kg/hr continuous infusion. Increase by 0.5 mg/kg/hr every 15 minutes until desired pain score 0-3 OR RASS -1 to 0. Contact physician for further orders if unable to achieve goal or if a rate of 300 mg/hr is achieved. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> HYDROCHLORIDE 0.1 mg/hr continuous infusion. Increase rate by 0.25 mg/hr every 30 minutes until desired pain score 0-3. Contact physician for further orders if unable to achieve goal or if a rate of 1 mg/hr is achieved. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> Labetalol 2 mg/hr continuous infusion. Increase by 1 mg/hr every 15 minutes until SBP ≥ 100 or HR ≤ 100 . Max rate 8 mg/hr. Discontinue after patient has received cumulative dose of 300 mg. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> Lorazepam (Ativan) 1 mg/hr continuous infusion. Increase by 1 mg/hr every 15 minutes to achieve desired response of RASS -1 to 0. Contact physician if unable to achieve goal or if a rate of 6 mg/hr is achieved. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> Milvaston (Dilaudid) 1 mg/hr continuous infusion. Increase by 1 mg/hr every 15 minutes to achieve desired response of RASS -1 to 0. Contact physician for further orders if unable to achieve goal or if a rate of 18 mg/hr is achieved. Physician Signature: _____ Date/Time: _____
<input type="checkbox"/> Milvoston (Pronoxol) bolus 30 mg/kg over 10 minutes <input type="checkbox"/> Milvoston (Pronoxol) 0.125 mg/kg/hr continuous infusion. Increase by 0.125 mg/kg/hr every 15 minutes until CI ≥ 2 , SBP ≥ 90 . Max rate 0.75 mg/kg/hr. Physician Signature: _____ Date/Time: _____

Date (required) _____
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Revised 05/02/2017

Title (required) _____

Physician Signature _____

M-1708-314
PHYSICIAN ORDERS AND
INSTRUCTIONS TO NURSE


