

McLaren Print System Order

Order No: 60963
 Order Date: 2021-03-11
 User: Anne DeOrnellas
 Phone: 810-342-2559

Ship Location: Educational Resources Attn: ANNE DEORNELLAS
 401 S Ballenger Hwy
 Flint , MI 48532

Brochures
 Quantity: 4
 Paragon Dept No: 13350
 Dept Name: Educational Resources
 Company Number: 60

Order Total Price: 100.00

Item Number: M-345-CC Titration
 Item Description: Critical Care Titration Chart Badge Buddy
 Revision Date: 12/2020
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info: 50 per package; laminated with rounded corners; slot punch; finished size 3.5x5.625

Drug & Concentration	Storage	Remarks
Atorvastatin (Lipitor) 80 mg/200 mL 200 mg/200 mL	Bolus: 150 mg/100 mL over 30 minutes 1 mg/min x 8 hours 0.5 mg/min x 16 hours Cardiac arrest: 300mg IV, if VVI/VT occurs, then 150 mg IV then infusion	Measure the QT interval every 8 hrs, prefer to give via central line, use in-line filter. Monitor for pulmonary tox, hypotension, and bradycardia. Max daily dose: 2.1 grams
Clonidine (Klonopin) 200 mg/200 mL NS	Bolus: 0.2 mg/kg Normal starting rate: 1 mg/kg/min titrate by 0.5 mg/kg/min every 15 minutes to patient condition with Titration of Four 2 of 4 Max rate: 10 mg/kg/min	Must be ordered the ENTIRE TITRATE protocol, namely: Bradycardia, hypotension, flushing, bronchospasm. Do baseline Titration of Four.
Diazepam (Valium) 25 mg/50 mL	Continuous infusion: 1 mg/hr then double the dose every 30 seconds until approaching goal, then increase by 1 mg/hr every 5 min. Max rate 20 mg/hr	Monitor for hypotension and reflex tachycardia. Change tubing every 12 hours.
Droperidol (Droperidol) (Precedex) 200 mg/50 mL NS	Bolus: 1 mg/kg over 10 min Normal starting rate: 0.2 mg/kg/hr Increase by 0.1 mg/kg/hr every 30 minutes until desired response of RAOS -1 to 0 Max rate: 0.8 mg/kg/hr	¹⁴ Only administer bolus if no other sedative is being used Monitor for hypotension and bradycardia
Ethosuximide (Zaroxin) 125mg/125mL (1mg/1mL) NS	Bolus 0.25 mg/kg (10/40) body weight over 2 minutes, MAX 25 mg bolus Start infusion at 10 mg/hr and increase by 5 mg/hr to meet heart rate goal or decrease by 5 mg/hr for hypotension Max rate: 20 mg/hr	Monitor for new arrhythmias, hypotension, syncope, CHF hold for SBP < 90
DORVamine 500 mg/250 mL 200 mg/200 mL 200 mg/200 mL	Normal starting rate: 2.5 mg/kg/min. Increase by 2.5 mg/kg/min every 15 minutes until desired response is achieved: C12, MAP > 60, or SBP > 90. Max Dose: 30 mg/kg/min	Preferable central line May cause tachycardia or v-tach in high doses
DOPamine 400 mg/200 mL 200 mg/200 mL	Normal starting rate: 5 mg/kg/min. Increase by 2.5 mg/kg/min every 15 minutes until desired response is achieved Max Dose: 20 mg/kg/min	Preferable central line May cause tachycardia
EPINEPHRINE 1 mg/200 mL NS	Normal starting rate: 0.25 mg/kg/min. Increase by 0.25 mg/kg/min every 15 minutes until MAP > 65 or SBP > 90 Max rate 200 mg/kg/min	Contact physician if goal unachieved at 0.8 mg/kg/min. May cause tachycardia. May cause ectopy
Epinephrine (EpiPen) 2,500 mg/250 mL (10 mg/mL) NS	Normal starting rate: 10 mg/kg/min. Increase by 25 mg/kg/min every 5 minutes until goal is achieved: must > SBP > 90. Max rate 200 mg/kg/min	Contact physician if goal unachieved at 3 mg/kg/hr
Fentanyl (Duragesic) 1,000 mg/100 mL (10 mg/mL) NS	Normal starting dose: 0.5 mg/kg/hr Increase by 0.5 mg/kg/hr every 15 minutes until goal achieved (RAOS -1 to 0)	Contact physician if goal unachieved at 3 mg/kg/hr
Fentanyl (Duragesic) 200 mg/200 mL 200 mg/200 mL	Normal starting rate: 1 mg/min. Titrate by 1 mg/min every 15 minutes to specified goal Max dose 8mg/min	Discontinue after pt received cumulative dose of 300 mg. May cause hypotension and bradycardia

Spec Info: Deliver to Nursing office Attn: Tammie Rubel