

DATE/TIME	CHK'D BY	PHYSICIAN'S ORDER SHEET
		ICU Sedation Protocol
		Order Set No.
		Allergies: Reactions:
		Allergies: Reactions:
		Allergies: Reactions:
		Admitting M.D.:/DO/DDS
		Attending M.D.:/DO/DDS
		Referring M.D.:/DO/DDS
		Pt must be intubated
		<input type="checkbox"/> Fentanyl Continuous Infusion at _____mcg/hr
		<input type="checkbox"/> < 40kg Fentanyl bolus 12.5 mcg IV every 5 min prn til MAAS 2-3(max 200mcg/hr)
		<input type="checkbox"/> > 40kg Fentanyl bolus 25 mcg IV every 5 min prn til MAAS 2-3 (max 200 mcg/hr)
		▪ Repeat boluses until pain controlled
		▪ If the patient requires > 2 boluses in an hour, increase rate by 50 mcg/hr
		▪ Maximum dosage = 200 mcg/hr
		If Fentanyl at maximum dose add propofol
		<input type="checkbox"/> Propofol IV infusion at 5-10 mcg/kg/min MAAS 2-3
		<input type="checkbox"/> Titrate propofol by 5-10 mcg/kg/min Q 5 minutes until MAAS 2-3
		<input type="checkbox"/> Triglyceride at initiation and every 3 days
		▪ Maximum rate = 83 mcg/kg/min
		▪ Reduce infusion rate by ½ for SBP < 100 mm Hg
		If Fentanyl at maximum dose and patient is not responding well to propofol
		<input type="checkbox"/> Stop Propofol
		<input type="checkbox"/> Dexmedetomidine infusion 0.2-0.7 mcg/kg/hr until MASS (2-3)
		<input type="checkbox"/> Titrate by 0.2 mcg/hr, every hour until MASS (2-3)
		Maximum rate is 1.5 mcg/kg/hr
		Page 1 of 2
		New: Physician's Signature

PROHIBITED ABBREVIATIONS			
PROHIBITED:	INSTEAD WRITE	PROHIBITED:	INSTEAD WRITE
MS, MgSO ₄	magnesium sulfate	Q.D.	daily
MS, MSO ₄	morphine sulfate	QOD	every other day
U	units	.5 mg	0.5 mg – always use zero before decimal
IU	international units	5.0 mg	5 mg – never use trailing zeroes

Patient Identification

PO2300
Physician Orders

[illegible]

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Revised: 12//2007

ERLANGER Health System
Chattanooga, Tennessee

PHYSICIAN'S ORDER SHEET

THE PHARMACY IS AUTHORIZED TO DISPENSE DRUGS FOR ADMINISTRATION OF ANOTHER GENERICALLY EQUIVALENT BRAND, IDENTICAL IN STRENGTH, DOSAGE FORM, AND CONTENT OF ACTIVE THERAPEUTIC INGREDIENT(S).

Patient Identification

PO2300

PO2300
Physician Orders

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		(Name of Order Set)	(Owner of Order Set)
		Order Set No.	
		Allergies:	Reactions:
		Page x of x	

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Physician Orders

PO2300

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