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					
		☐ Fentanyl Continuous In	fusion atmcg/hr				
		☐ < 40kg Fentanyl bo	us 12.5 mcg IV every 5 min prn til MAAS 2-3(max 200mcg.				
		□ > 40kg Fentanyl bolus 25 mcg IV every 5 min prn til MAAS 2-3 (max 200 mcg/hr)					
		Repeat boluses until page 1	in 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	lose add propofol				
		□ Propofol IV infusion at 5-10 mcg/kg/min MAAS 2-3 □ Titrate propofol by 5-10 mcg/kg/min Q 5 minutes until MAAS 2-3 □ Triglyceride at initiation and every 3 days ■ Maximum rate = 83 mcg/kg/min ■ Reduce infusion rate by ½ for SBP < 100 mm Hg					
		The same of the sa					
		If Fentanyl at maximum dose and patient is not responding well to propofol Stop Propofol					
							☐ Dexmedetomidine infusion 0.2-0.7 mcg/kg/hr until MASS (2-3)
		☐ Titrate by 0.2 mcg/hr, every hour until MASS (2-3)					
		Maximum rate is 1.5 mcg/kg/hr					
			Dogg 4 of 2				
		New: Physician's Si	Page 1 of 2				
		New. Filysician's Si	jnature				
ROHIBITED:	INS.	PROHIBITEI TEAD WRITE	ABBREVIATIONS PROHIBITED: INSTEAD WRITE				
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OTHER GENERICALL	Y EQUIVALENT BRANI	E DRUGS FOR ADMINISTRATION OF D, IDENTICAL IN STRENGTH, DOSAGE					
	A ACTIVE THERADELL	TIC INGREDIENT(S).	- 1				

PO2300

ICU Sedation Protocol Pulmonary Critical Order Set No. Allergies: Reactions: Allergies: Reactions: Allergies: Reactions: Allergies: Reactions: Allergies: Reactions: Breakthrough Agitation	DATE/ TIME	CHK'D BY	YSICIANS MUST SIGN, Date and Time ALL ORDERS Please Use Ball Point Pen! PHYSICIAN'S ORDER SHEET				
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Allergies: Reactions: Allergies: Reactions: Breakthrough Agitation Lorazepam 1 mg IV Q 30 minutes prn agitation Quetiapine 50 mg po q12 hours prn agitation Clonidine 0.1mg po Q 8 hours prn agitation (if not on dexmedetomidine) Haloperidol 2.5mg IV every 15 min prn agitation x 3 doses then q4hprn If patient does not respond to Fentanyl, Propofol or Dexmedetomidine Stop Propofol Stop Dexmedetomidine Lorazepam infusion at 1mg/hr MAAS 2-3 Lorazepam infusion at 1mg/hr MAAS 2-3 If requires > 2 boluses in an hour, increase the rate by 1mg/hr every hour Maximum infusion rate is 6mg/hr Maximum infusion rate is 6mg/hr Page x of x New: Physician's Signature			Order Set No.				
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MS, MgSO ₄ magnesium sulfate Q.D. daily			TEAD WRITE	PROHIBITED:	INSTEAD WRITE		
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MS, MSO ₄ morphine sulfate QOD every other day U units .5 mg 0.5 mg – always use zero before dec					0.5 mg – always use zero before decimal		

ERLANGER Health System Chattanooga, Tennessee

international units

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

5.0 mg

5 mg – never use trailing zeroes

		<u> IYSICIANS MUST SIGN, [</u>		ORDERS Please Use Ball Point Pen!
DATE/ TIME	CHK'D BY		ER SHEET	
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		Order Set No.		
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IS, MgSO₄	magn	esium sulfate	Q.D.	daily
IS, MSO₄		rphine sulfate	QOD	every other day 0.5 mg – always use zero before decimal
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ERLANGER Health System Chattanooga, Tennessee

international units

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Patient Identification

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IU international units			5.0 mg	5 mg – never use trailing zeroes	

IU Revised: 12//2007

ERLANGER Health System Chattanooga, Tennessee

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Physician Orders

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ERLANGER Health System Chattanooga, Tennessee

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PO2300 Physician Orders



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ERLANGER Health System Chattanooga, Tennessee

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FORM, AND CONTENT OF ACTIVE THERAPEUTIC INGREDIENT(S).

PO2300 Physician Orders



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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).

PO2300 Physician Orders



Patient Identification