

<p>UMC Health System</p> <p>ACETYL CYSTEINE AND ALBUTEROL PLAN</p>	<p>Patient Label Here</p>
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

According to UMC Policy, mucolytics must be administered in conjunction with a bronchodilator and re-evaluated every 48 hours. Please choose both acetylcysteine and albuterol when placing this plan.

Pediatric: choose acetylcysteine and albuterol

acetylcysteine (acetylcysteine 10% inhalation pediatric)
 2 mL, inhalation, neb, q6h 2 mL, inhalation, neb, q8h
 4 mL, inhalation, neb, q6h 4 mL, inhalation, neb, q8h

albuterol (albuterol-inhalation pediatric)
 0.05 mg/kg, inhalation, soln, q6h 0.05 mg/kg, inhalation, soln, q8h
 0.1 mg/kg, inhalation, soln, q6h 0.1 mg/kg, inhalation, soln, q8h

Adult: choose acetylcysteine and albuterol

acetylcysteine (acetylcysteine (Mucomyst) 10% inhalation solution)
 4 mL, inhalation, neb, q4h 4 mL, inhalation, neb, q6h

acetylcysteine (acetylcysteine (Mucomyst) 20% inhalation solution)
 4 mL, inhalation, neb, q4h 4 mL, inhalation, neb, q6h

albuterol
 2.5 mg, inhalation, soln, q4h 2.5 mg, inhalation, soln, q6h
 5 mg, inhalation, soln, q4h 5 mg, inhalation, soln, q6h

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TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

