**UMC Health System**

# ADULT INTUBATION MED PLAN

**Patient Label Here**

**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.**

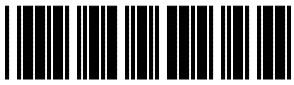
| ORDER | ORDER DETAILS |
|---|---|
| | **Medications** |
| | **Medication sentences are per dose. You will need to calculate a total daily dose if needed.** |
| | **Sedatives** |
| | **etomidate**<br>☐ 20 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 40 mg, IVPush, inj, ONE TIME<br>For intubation only. |
| | **propofol**<br>☐ 30 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 40 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 50 mg, IVPush, inj, ONE TIME<br>For intubation only. |
| | **midazolam**<br>☐ 2 mg, IVPush, ONE TIME<br>For intubation only.<br>☐ 4 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 6 mg, IVPush, inj, ONE TIME<br>For intubation only. |
| | **fentaNYL**<br>☐ 25 mcg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 50 mcg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 75 mcg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 100 mcg, IVPush, inj, ONE TIME<br>For intubation only. |
| | **ketamine**<br>☐ 15 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 30 mg, IVPush, inj, ONE TIME<br>For intubation only. |
| | **Paralytic** |
| | **succinylcholine**<br>☐ 70 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 100 mg, IVPush, inj, ONE TIME<br>For intubation only. |

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

**Physician Signature**: _____ **Date** _____ **Time** _____





**UMC Health System**

# ADULT INTUBATION MED PLAN

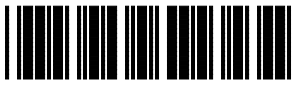
**Patient Label Here**

**PHYSICIAN ORDERS**

**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 |
|---|---|
| | **vecuronium**<br>☐ 5 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 10 mg, IVPush, inj, ONE TIME<br>For intubation only. |
| | **rocuronium**<br>☐ 30 mg, IVPush, inj, ONE TIME<br>For intubation only.<br>☐ 40 mg, IVPush, inj, ONE TIME<br>For intubation only. |
| | **Vasoactive Agents** |
| | **phenylephrine (phenylephrine (Neo-STICK) 1 mg/10 mL inj)**<br>☐ 50 mcg, IVPush, inj, q2min, PRN hypotension, x 1 hr ☐ 100 mcg, IVPush, inj, q2min, PRN hypotension, x 1 hr<br>☐ 200 mcg, IVPush, inj, q2min, PRN hypotension, x 1 hr |
| | |

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

**Physician Signature**: _____ **Date** _____ **Time** _____