

BICU POST TRAUMATIC STRESS DISORDER MED PLAN

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.

ADULTS

Acute Stress Disorder or Post Traumatic Stress Disorder Symptoms: select sertraline OR escitalopram

When ordering sertraline, check all three boxes.

sertraline

25 mg, PO, tab, Daily, x 7 days

sertraline

50 mg, PO, tab, Daily, x 7 days

Start seven (7) days after the initial dose and give for seven (7) days

sertraline

100 mg, PO, tab, Daily

Start fourteen (14) days after initial dose, and continue

When ordering escitalopram, check both boxes.

escitalopram (Lexapro)

10 mg, PO, tab, Daily, x 7 days

escitalopram (Lexapro)

20 mg, PO, tab, Daily

Anxiety

When ordering buspirone, check all five boxes.

busPIRone

5 mg, PO, tab, BID, x 4 days

busPIRone

10 mg, PO, tab, BID, x 4 days

Start four (4) days after initial dose and give for four (4) days

busPIRone

15 mg, PO, tab, BID, x 4 days

Start eight (8) days after initial dose and give for four (4) days

busPIRone

15 mg, PO, tab, Daily

Start twelve (12) days after initial dose and continue

busPIRone

30 mg, PO, tab, Nightly

Start twelve (12) days after initial dose and continue

Insomnia

TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



BICU POST TRAUMATIC STRESS DISORDER MED PLAN

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
	<p><b>zolpidem</b>  <input type="checkbox"/> 10 mg, PO, tab, Nightly</p>
	<p>CHILDREN                      Acute Stress Disorder or Post Traumatic Stress Symptoms:                      Fluoxetine (Prozac) not intended for use in children under 2 years of age                      Give 5 mg dose for patients less than or equal to 40 kg                      Give 10 mg dose for patients greater than 40 kg but less than or equal to 60 kg                      Give 20 mg dose for patients greater than 60 kg</p> <p><b>FLUoxetine</b>  <input type="checkbox"/> 5 mg, PO, liq, Daily, for weight LESS than or equal to 40 kg  <input type="checkbox"/> 20 mg, PO, cap, Daily, for weight GREATER than 60 kg  <input type="checkbox"/> 10 mg, PO, cap, Daily, for weight GREATER than 40 kg but LESS than or EQUAL to 60 kg</p>
	<p>Anxiety</p> <p><b>LORazepam</b>  <input type="checkbox"/> 0.03 mg/kg, PO, tab, q4h, PRN anxiety, max single dose 2 mg                      Max Single Dose = 2 mg  <input type="checkbox"/> 0.03 mg/kg, IV, inj, q4h, PRN anxiety, max single dose 2 mg                      Max Single Dose = 2 mg</p>
	<p>Insomnia</p> <p>For 2 to less than 12 years of age, use diphenhydramine 1 mg/kg/dose. For 12 years of age or older use the diphenhydramine 50 mg dose.</p> <p><b>diphenhydrAMINE</b>  <input type="checkbox"/> 1 mg/kg, PO, cap, Nightly, insomnia, max single dose 50 mg                      Max Single Dose = 50 mg  <input type="checkbox"/> 1 mg/kg, IVPush, inj, Nightly, insomnia, max single dose 50 mg                      Max Single Dose = 50 mg  <input type="checkbox"/> 50 mg, PO, cap, Nightly, insomnia <input type="checkbox"/> 50 mg, IVPush, inj, Nightly, insomnia</p>

TO  Read Back

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Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

