UMC	Health	System
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BETA BLOCKER THERAPY FOR BURN METABOLISM PLAN

Patient Label Here

	PHYSICIAN ORDEF						
Diagnos	Diagnosis						
Weight							
	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							
	Patient Care This plan is intended to reduce the hyperdynamic response to burn, with potential impact on long term mortality, function, PTSD and graft healing. This is NOT intended to control hypertension, tachycardia, or cardiac arrhythmias						
	Medications						
	Medication sentences are per dose. You will need to calculate a total daily d						
	Start once resuscitation is complete and no sooner than 24 hours post-injury and no later than 96 hours post-injury.						
	 propranolol 10 mg, per tube, tab, q8h, x 48 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 10 mg, PO, tab, q8h, x 48 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 						
	 propranolol 20 mg, per tube, tab, q8h, x 48 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 20 mg, PO, tab, q8h, x 48 hr Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors. 						
	propranolol 30 mg, per tube, tab, q8h Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors./ //Continue until patient is 95% healed. Continued on next page						
Пто	O □ Read Back □ Scanne	ed Powerchart					
Order Taken by Signature:		Date Time					
Physician	an Signature: Da	Date Time					

UMC Health System					
BE	ETA BLOCKER THERAPY FOR BURN METABOLISM		ient Label Here		
PL	AN				
	PHYSICIAI	N ORDERS			
	Place an "X" in the Orders column to designate orders of choice AN		r detail box(es) where applicable		
ORDER					
	 30 mg, PO, tab, q8h Dosages do not need to be adjusted to target heart rates. Dose should be held, decreased, or discontinued if bradycardia (heart rate less than 50), bronchospasm, or hypotension (mean arterial pressure less than 60) arise or if patient requires vasopressors./ 				
	//Continue until patient is 95% healed.				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	n by Signature:	Date	Time		
Physician S	Signature:	Date	Time		

