

<p>UMC Health System</p> <p>CARDIO PROTOCOL DOBUTAMINE ECHO</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

Patient Care

Dobutamine Echo Protocol
 See Reference Text

Insert Peripheral Line
 T;N, Routine, 22g or larger

Obtain Consent
 Consent for: Dobutamine Echo

Vital Signs
 Per Policy

sulfur hexafluoride (Lumason)
 T;N, 0.5 mL, IVPush, inj, as needed, PRN image enhancement.

The test may be stopped at the discretion of the exercise physiologist in the event of:
 *Uncontrolled Hypertension (Blood Pressure equal to or greater than 250/116 mmHg)
 *Chest Pain
 *Abnormal Rhythm such as V-Tach, etc.
 *Positive Test - any ST elevation/depression or ischemia

IV Solutions

NS
 IV, 40 mL/hr KVO

Medications

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

Target Heart Rate = $[220 - \text{Age}(\text{yr})] \times 0.85$

If NO pre-test abnormalities (pre-infusion echo images) exist, order the following dobutamine infusion which starts at 10 mcg/kg/min:

DOBUTamine 250 mg/250 mL D5W for doubuta (DOBUTamine 250 mg/250 mL D5W for dobutamine echo- Titratable)
 IV, Max dose: 40 mcg/kg/min, Up titrate by 10 mcg/kg/min every 3 minutes
 Stage 1: dobutamine 10 mcg/kg/min IV x3min
 Stage 2: dobutamine 20 mcg/kg/min IV x3min
 Stage 3: dobutamine 30 mcg/kg/min IV x3min
 Stage 4: dobutamine 40 mcg/kg/min IV x3min

Max dose of dobutamine is 40 mcg/kg/min.
 Dobutamine is to be discontinued when target heart rate is achieved and peak images are complete.
 Continued on next page....

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



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
	<input type="checkbox"/> Start at rate: _____ mcg/kg/min
	<p>If pre-test abnormalities (pre-infusion echo images) exist, order the following dobutamine infusion which starts at 5 mcg/kg/min:</p> <p>DOBUTamine 250 mg/250 mL D5W for doubuta (DOBUTamine 250 mg/250 mL D5W for doubutamine echo- Titratable)</p> <input type="checkbox"/> IV, Max dose: 40 mcg/kg/min, Up titrate by 10 mcg/kg/min every 3 minutes Start dobutamine at 5 mcg/kg/min for 3 minutes then initiate Stage 1. Stage 1: dobutamine 10 mcg/kg/min IV x3min Stage 2: dobutamine 20 mcg/kg/min IV x3min Stage 3: dobutamine 30 mcg/kg/min IV x3min Stage 4: dobutamine 40 mcg/kg/min IV x3min <p>Max dose of dobutamine is 40 mcg/kg/min. Dobutamine is to be discontinued when target heart rate is achieved and peak images are complete.</p> <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	<p>atropine</p> <input type="checkbox"/> 0.25 mg, IVPush, inj, q1min, PRN other, x 8 dose, Do not exceed 2 mg total dose. Administer if heart rate is less than 100 bpm, and/or as needed to achieve target heart rate with Dobutamine Stages. Do not exceed 2 mg total dose.
	<p>Recovery period:</p> <p>metoprolol</p> <input type="checkbox"/> 5 mg, IVPush, inj, q2min, PRN tachycardia, x 3 dose For echo recovery period to assist the patient's return to baseline heart rate. If metoprolol contraindicated or ineffective, use diltiazem.
	<p>diltiazem</p> <input type="checkbox"/> 5 mg, IVPush, inj, q15min, PRN tachycardia, x 3 dose Administer over 2 minutes. For echo recovery period to assist the patient's return to baseline heart rate.

TO Read Back

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

