

UMC Health System ICU PARALYTIC PLAN	Patient Label Here
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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

Apply Peripheral Nerve Stimulator

Brain Function Monitoring (Apply Brain Function Monitor)
 Maintain from 45-60 for optimal range of sedation/anesthesia. Change monitor strip every 24 hours to maintain skin integrity and optimal functioning of monitoring system

Guideline

Neuromuscular Blocking Agent Guidelines
 See Reference Text

Medications

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

ocular lubricant
 1 app, both eyes, ophth oint, as needed, PRN dry eyes

Paralytic

Do not perform wake up trials while patient is on paralytic
vecuronium
 0.08 mg/kg, IVPush, inj, ONE TIME 0.1 mg/kg, IVPush, inj, ONE TIME

vecuronium 100 mg/100 mL NS - Titratable
 IV, Max titration: 0.1 mcg/kg/min every 10 min, Max dose: 1.7 mcg/kg/min
 Final concentration = 1 mg/mL (1,000 mcg/mL).

 Do NOT turn off sedation while paralytic infusion is infusing
 Start at rate: _____ mcg/kg/min

cisatracurium
 0.15 mg/kg, IVPush, inj, ONE TIME

cisatracurium 100 mg/250 mL NS - Titrata (cisatracurium 100 mg/250 mL NS - Titratable)
 IV, Max titration: 2 mcg/kg/min every 10 min, Max dose: 10 mcg/kg/min
 Final concentration = 0.4 mg/mL (400 mcg/mL).

 Do NOT turn off sedation while paralytic infusion is infusing
 Start at rate: _____ mcg/kg/min

rocuronium
 0.6 mg/kg, IVPush, inj, ONE TIME 1 mg/kg, IVPush, inj, ONE TIME

rocuronium 100 mg/100 mL NS - Titratable
 IV, Max titration: 1 mcg/kg/min every 2 min, Max dose: 16 mcg/kg/min
 Final concentration = 1 mg/mL (1,000 mcg/mL).

 Do NOT turn off sedation while paralytic infusion is infusing
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TO Read Back Scanned Powerchart Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____

UMC Health System

ICU PARALYTIC PLAN

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
<input type="checkbox"/>	Start at rate: _____ mcg/kg/min

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

