UMC Health System ICU SEDATION AND PAIN 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
	Patient Care
	Utilize the Richmond Agitation Sedation (Utilize the Richmond Agitation Sedation Scale) ☐ ***See Reference Text***
	Perform Awakening Trial ☐ Daily ***See Reference Text***
	ICU Pain/Agitation/Delirium Reference ☐ ***See Reference Text***
	Brain Function Monitoring ☐ 2 to 4 Channel EEG.
	Communication
	Notify Nurse (DO NOT USE FOR MEDS) ☐ Assess patient's sedation and pain level every 4 hours.
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	SEDATIVE MEDICATIONS SHOULD ONLY BE GIVEN AFTER PAIN IS ADEQUATELY CONTROLLED If delirium noted give: **haloperidol** ☐ 5 mg, IVPush, inj, q2h, PRN agitation Notify physician if more than 100 mg is administered over 48 hours.
	Initial Dose
	Pain Meds **morphine** ☐ 2 mg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	fentaNYL ☐ 50 mcg, IVPush, inj, q10min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	HYDROmorphone ☐ 0.25 mg, IVPush, inj, q5min, PRN pain-with sedation (scale 4-10) Administer until pain level is less than 4/10.
	Sedation Meds **propofol** ☐ 25 mg, IVPush, inj, ONE TIME
	midazolam ☐ 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***

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PHYSICIAN ORDERS
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ORDER	ORDER DETAILS
	LORazepam ☐ 2 mg, IVPush, inj, q20min, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***

	ketamine
	☐ 4 mg/kg, IVPush, inj, ONE TIME
	  Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.
	☐ 5 mg/kg, IVPush, inj, ONE TIME
	  Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.
	☐ 6 mg/kg, IVPush, inj, ONE TIME
	  Infuse slowly with inotropes amiodarone or milrinone or patients that are hypertensive with a blood pressure GREATER than 180/90.

	Intermittent Dose

	Pain Meds
	
	morphine
	☐ 2 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)
	  To maintain pain level less than 4/10. May increase 1 mg every 2 hours to a maximum of 4 mg.
	☐ 4 mg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10)
	  To maintain pain level less than 4/10.

	fentaNYL ☐ 50 mcg, IVPush, inj, q2h, PRN pain-with sedation (scale 4-10) Administer to maintain pain level less than 4/10.
	HYDROmorphone ☐ 1 mg, IVPush, inj, q4h, PRN pain-with sedation (scale 4-10) To maintain pain level less than 4/10.
	Sedation Meds **midazolam** ☐ 2 mg, IVPush, inj, q1h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam ☐ 2 mg, IVPush, inj, q2h, PRN sedation ***Sedative medications should only be given after pain is adequately controlled***
	Continuous Infusion

	Pain Meds
	
	morphine 100 mg/100 mL NS - Titratable
	☐ Start at rate:_____mg/hr
	☐ IV, Max titration: 1 mg/hr every 30 minutes, Max dose: 8 mg/hr
	  Final concentration = 1 mg/mL.
	  Do NOT initiate infusion unless intermittent dosing has failed
	Continued on next page....

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UMC Health System

ICU SEDATION AND PAIN 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
	fentaNYL 1000 mcg/100 mL NS - Titratable ☐ Start at rate:_____mcg/hr ☐ IV, Max titration: 25 mcg/hr every 10 minutes, Max dose: 250 mcg/hr Final concentration = 10 mcg/mL. ***Do NOT initiate infusion unless intermittent dosing has failed***
	HYDROmorphone 20 mg/100 mL NS - Titratab (HYDROmorphone 20 mg/100 mL NS - Titratable) ☐ Start at rate:_____mg/hr ☐ IV, Max titration: 0.2 mg/hr every 30 minutes, Max dose: 3 mg/hr Final concentration = 0.2 mg/mL (200 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed***
	Sedation Meds **propofol 1,000 mg/100 mL - Titratable** ☐ IV, Max titration: 5 mcg/kg/min every 5 min, Max dose: 50 mcg/kg/min, Bolus Dose: 25 mg, Bolus Freq: q2h, Bolus 4-hour Limit: 100 mg, Bolus Indication: for sedation Final concentration= 10 mg/mL (10,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled*** ☐ Start at rate:_____mcg/kg/min
	Midazolam should NOT be used in patients with creatinine greater than 2 and/or for more than 72 hours **midazolam 100 mg/100 mL NS - Titratable** ☐ Start at rate:_____mg/hr ☐ IV, Max titration: 1 mg/hr every 5 minutes, Max dose: 8 mg/hr Final concentration = 1 mg/mL (1,000 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***
	LORazepam 40 mg/250 mL D5W - Titratable ☐ Start at rate:_____mg/hr ☐ IV, Max titration: 1 mg/hr every 10 minutes, Max dose: 8 mg/hr Final concentration = 0.16 mg/mL (160 mcg/mL). ***Do NOT initiate infusion unless intermittent dosing has failed*** ***Sedative medications should only be given after pain is adequately controlled***
	dexmedetomidine 400 mcg/100 mL - Titrata (dexmedetomidine 400 mcg/100 mL - Titratable) ☐ IV, Max titration: 0.1 mcg/kg/hr every 30 minutes, Max dose: 1.5 mcg/kg/hr Final concentration = 4 mcg/mL. ***Sedative medications should only be given after pain is adequately controlled*** Continued on next page....

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ORDER	ORDER DETAILS
	☐ Start at rate:_____mcg/kg/hr
	ketamine 500 mg/100 mL NS - Titratable ☐ Start at rate:_____mcg/kg/min ☐ IV, Max titration: 2 mcg/kg/min every every 10 minutes, Max dose: 20 mcg/kg/min Infuse slowly with inotropes amiodarone or milrinone or in patients that are hypertensive.
	Laboratory
	If patient remains on a propofol infusion after 48 hours monitor Triglycerides now and every 3 days until propofol discontinued. **Triglycerides**
	Notify Provider (Misc) (Notify Provider of Results) ☐ Reason: Triglyceride Level greater than 400 mg/dL

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