UMC Health System

NICU CONTINUOUS INFUSION 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
	IV Solutions
	Notify Provider (Misc) ☐ Reason: Contact provider if a titratable drip is increased by 1/2 of the maximum rate in a 4 hour period.
	Titratable
	DOBUTamine 200 mg/50 mL D5W (neonatal) - (DOBUTamine 200 mg/50 mL D5W (neonatal) - Titratable) ☐ IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min, Titration goal(s): MAP GREATER than, MAP LESS than Final concentration= 4 mg/mL (4,000 mcg/mL). ☐ Start at rate:_____mcg/kg/min
	DOPamine 160 mg/50 mL D5W (neonatal) - T (DOPamine 160 mg/50 mL D5W (neonatal) - Titratable) ☐ IVsyr, Max titration: 1 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min, Titration goal(s): MAP GREATER than, MAP LESS than Final concentration= 3.2 mg/mL (3,200 mcg/mL). ☐ Start at rate:_____mcg/kg/min
	EPINEPHrine 2.5 mg/50 mL D5W (neonatal) (EPINEPHrine 2.5 mg/50 mL D5W (neonatal) - Titratable) ☐ Start at rate:_____mcg/kg/min ☐ IVsyr, Max titration: 0.02 mcg/kg/min every 10 minutes, Max dose: 1 mcg/kg/min, Titration goal(s): MAP GREATER than, MAP LESS than Final concentration= 0.05 mg/mL (50 mcg/mL).
	Fixed Rate
	Milrinone Loading Dose: **milrinone (milrinone neonatal)** ☐ 75 mcg/kg, IVsyr, iv soln, ONE TIME, Infuse over 1 hr
	Milrinone Maintenance Dose: **milrinone 10 mg/50 mL D5W (neonatal) - F (milrinone 10 mg/50 mL D5W (neonatal) - Fixed Rate)** ☐ IVsyr Final concentration= 0.2 mg/mL (200 mcg/mL). Provider order required for ALL rate changes. ☐ Start at rate:_____mcg/kg/min

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____