

OUTPATIENT SEDATION PLAN
- Phase: Intra- Procedure Orders Phase

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

Medications

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

flumazenil

0.2 mg, IVPush, inj, q1min, PRN excess sedation, x 12 hr

naloxone

0.2 mg, IVPush, inj, q2min, PRN bradypnea, x 12 hr

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____



UMC Health System

Patient Label Here

OUTPATIENT SEDATION PLAN
- Phase: Pre-Procedure Orders Phase

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

Patient Care

Sedation History and Physical Update

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Date _____ Time _____

