

<b>UMC Health System</b>  <b>PICU SEDATION AND PAIN MED PLAN</b>	<b>Patient Label Here</b>
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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**

**IV Solutions**

**NS**  
 IV, mL/hr

**Medications**

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

**Initial Dose**

Analgesia

**morphine (morphine pediatric)**  
 0.1 mg/kg, IVPush, inj, ONE TIME  
 Maximum recommended dose is 4 mg.  
 0.2 mg/kg, IVPush, inj, ONE TIME  
 Maximum recommended dose is 4 mg.  
 2 mg, IVPush, inj, ONE TIME, For patients GREATER than 50 kg

**fentaNYL (fentaNYL pediatric)**  
 0.5 mcg/kg, IVPush, inj, ONE TIME                       1 mcg/kg, IVPush, inj, ONE TIME  
 25 mcg, IVPush, inj, ONE TIME, For patiens GREATER than 50 kg  
 50 mcg, IVPush, inj, ONE TIME, For patiens GREATER than 50 kg

Sedation

**midazolam (midazolam pediatric)**  
 0.05 mg/kg, IVPush, inj, ONE TIME  
 Maximum recommended dose is 4 mg. \*\*\*Sedative medications should only be given after pain is adequately controlled.\*\*\*  
 0.1 mg/kg, IVPush, inj, ONE TIME  
 Maximum recommended dose is 4 mg. \*\*\*Sedative medications should only be given after pain is adequately controlled.\*\*\*  
 2 mg, IVPush, inj, ONE TIME, For patients GREATER than 40 kg

**PENTobarbital (PENTobarbital pediatric)**  
 1 mg/kg, IVPush, inj, ONE TIME  
 \*\*\*Sedative medications should only be given after pain is adequately controlled.\*\*\*

**propofol**  
 1 mg/kg, IVPush, inj, ONE TIME  
 \*\*\*Sedative medications should only be given after pain is adequately controlled.\*\*\*

**ketamine (ketamine pediatric)**  
 0.5 mg/kg, IVPush, inj, ONE TIME  
 \*\*\*Sedative medications should only be given after pain is adequately controlled.\*\*\*  
 1 mg/kg, IVPush, inj, ONE TIME  
 \*\*\*Sedative medications should only be given after pain is adequately controlled.\*\*\*

**Intermittent Dose**

Analgesia

TO     Read Back     Scanned Powerchart                       Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_





PICU 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
	<input type="checkbox"/> Start at rate: _____ mcg/kg/min
	GREATER than 40 kg: <b>propofol 1,000 mg/100 mL(PICU) – Titrat (propofol 1,000 mg/100 mL(PICU) – Titratable)</b> <input type="checkbox"/> IV, x 36 hr, Max titration: 5 mcg/kg/min every 5 minutes, Max dose: 65 mcg/kg/min Final concentration = 10 mg/mL (10,000 mcg/mL). Administer through filter GREATER than or EQUAL to 5 microns. Maximum recommended infusion time is 24 hours. ***Sedative medications should only be given after pain is adequately controlled.*** <input type="checkbox"/> Start at rate: _____ mcg/kg/min
	Dosing for ALL weights: <b>dexmedetomidine 200 mcg/50 mL (PICU) – T (dexmedetomidine 200 mcg/50 mL (PICU) – Titratable)</b> <input type="checkbox"/> Start at rate: _____ mcg/kg/hr <input type="checkbox"/> IVsyr, Max titration: 0.2 mcg/kg/hr every 30 minutes, Max dose: 0.7 mcg/kg/hr Final concentration = 4 mcg/mL. ***Sedative medications should only be given after pain is adequately controlled.***
	<b>ketamine 250 mg/50 mL NS (PICU) – Titrat (ketamine 250 mg/50 mL NS (PICU) – Titratable)</b> <input type="checkbox"/> Start at rate: _____ mcg/kg/min <input type="checkbox"/> IVsyr, Max titration: 2.5 mcg/kg/min every 10 minutes, Max dose: 20 mcg/kg/min Final concentration 5 mg/mL (5,000 mcg/mL). ***Sedative medications should only be given after pain is adequately controlled.***
<b>Fixed Rate Continuous Infusions</b>	
	Analgesia LESS than 40 kg: <b>fentaNYL 250 mcg/25 mL NS (PICU) – Fixed (fentaNYL 250 mcg/25 mL NS (PICU) – Fixed Rate)</b> <input type="checkbox"/> Start at rate: _____ mcg/kg/hr <input type="checkbox"/> IVsyr
	<b>morphine 30 mg/30 mL NS (PICU) – Fixed R (morphine 30 mg/30 mL NS (PICU) – Fixed Rate)</b> <input type="checkbox"/> IVsyr Final concentration = 1 mg/mL (1,000 mcg/mL). Physician order REQUIRED for ALL rate changes. <input type="checkbox"/> Start at rate: _____ mg/kg/hr
	GREATER than or EQUAL to 40 kg: <b>fentaNYL 1000 mcg/100 mL NS – Fixed Rate</b> <input type="checkbox"/> Start at rate: _____ mcg/hr <input type="checkbox"/> IV
	<b>morphine 100 mg/100 mL NS – Fixed Rate</b> <input type="checkbox"/> Start at rate: _____ mg/hr <input type="checkbox"/> IV
	Sedation LESS than 20 kg: <b>midazolam 10 mg/20 mL NS (PICU) – Fixed (midazolam 10 mg/20 mL NS (PICU) – Fixed Rate)</b> <input type="checkbox"/> Start at rate: _____ mg/kg/hr <input type="checkbox"/> IVsyr
	<b>midazolam 50 mg/50 mL NS (PICU) – Fixed (midazolam 50 mg/50 mL NS (PICU) – Fixed Rate)</b> <input type="checkbox"/> Start at rate: _____ mg/kg/hr <input type="checkbox"/> IVsyr
	GREATER than or EQUAL to 20 kg:

TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



