CCU-3375-FRM REV 0 02.13.12

Conway Medical Center Conway, South Carolina PHYSICIAN'S ORDERS Dexmedetomidine (Precedex®) Infusion Order Form

Center Patient Admission Label Here

(ICU Only)		
Drug Allergies:	Patient Weight:	kg
Use with caution in patients with: heart block, severe ventricular dysfunction, hypovolemia.		
Indications for Use of Dexmedetomidine (Precedex) 1. Patient requiring sedation that has "failed" traditional 2. Mechanically ventilated patient requiring a temporary depression and/or short half-life would be of benefit for	(< 24 hrs) sedative w	here minimal respiratory
Preparation: Add 200 mcg (2 ml) Dexmedetomidine to 48 ml NS. Shatemperature for 48 hours	ake Gently. Concentra	ation = 4 mcg/ml. Stable at room
Physician Orders: * Total infusion time should not exceed 24 hrs. Order ☐ Record baseline vital signs and MAP. ☐ Reduce propofol / midazolam infusion rate by ½ whe dexmedetomidine is titrated up. ☐ Dexmedetomidine loading dose: 1 mcg/kg IV dexme ☐ Dexmedetomidine maintenance infusion: Start infusi increments of 0.1 mcg/kg/hr every 20 minutes (max ➤ Monitor BP and heart rate q 5 min until BP stable ☐ Titrate to Modified Ramsey Scale of ➤ Modified Ramsey Scale 1. Patient anxious, agitated, or restless 2. Patient cooperative, oriented and tranquil 3. Patient responds to commands only 4. Patient responds to gentle shaking 5. Patient responds to noxious stimulus 6. Patient has no response to firm nail bed press ☐ Decrease infusion rate by half and notify physician for ☐ Hold infusion and notify physician for MAP less than ☐ Decrease infusion rate by half and notify physician for Hold infusion and notify physician for heart rate less (Atropine or glycopyrrolate may be effective in treating	detomidine bolus infu on at rate of 0.2 mcg/ dose: 0.7 mcg/kg/hou e for every change in the or MAP 70 - 75 mmH in 70 mmHg. or heart rate 45 - 50 both than 45 beats/min.	started. Wean sedative to off as used over 10 minutes. kg/hr. Titrate to effect in ur). infusion rate stimuli g. eats/min.
Physician Signature	Date / /	Time
Nurse #1 Signature	Date / /	Time
Nurse #2 Signature	Date /	Time

DO NOT WRITE IN THIS AREA