

ED-353-FRM REV 1 01.07.14	<b>Conway Medical Center</b> <b>Conway, South Carolina</b>		Center Patient Admission Label Here																		
<b>PHYSICIAN'S ORDERS</b> <b>ER/ICU/PACU/Cath Lab ONLY</b> <b>For IV Propofol (Diprivan) Administration in</b> <b>Ventilator Support Sedation Only</b>																					
Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>		Drug Allergies:																			
<b>RN can never administer Diprivan boluses</b>		(* Contraindicated in patients with soybean oil, egg, lecithin, glycerol allergies)																			
<b>Patient Weight:</b> _____																					
<b>Additional order sets:</b>																					
<b>Activity</b>	<input type="checkbox"/> Specialty Bed _____																				
<b>Treatment/ Nursing</b>	<p>           Titrate by 5 mcg/kg/min q 5-10 minutes until desired effects. (Onset peak effects = 5 min.)         </p> <ol style="list-style-type: none"> <li>a. Controlled Respiratory efforts by rate and tidal volume</li> <li>b. Controlled stress response for continuous sedation for intubated, mechanically ventilated adults</li> <li>c. Slow titration with BP monitoring with every change and q 5 min. until stable to minimize hypotensive response</li> <li>d. Documentation of response for desired effects using the Modified Ramsey Scale:</li> </ol> <div style="text-align: center;"> <b>Modified Ramsey Scale</b>  <ol style="list-style-type: none"> <li>1. Patient anxious, agitated, or restless</li> <li>2. Patient cooperative, oriented and tranquil</li> <li>3. Patient responds to commands only</li> <li>4. Patient responds to gentle shaking</li> <li>5. Patient responds to noxious stimulus</li> <li>6. Patient has no response to firm nailbed pressure or other noxious stimuli</li> </ol> </div> <p style="text-align: center;"> <b>M.D. modified Ramsey Scale orders for Scale</b> _____         </p> <p>           Maintenance dose 5 – 55 mcg/kg/min. Notify MD if dose required increase above 55 mcg/kg/min. Triglyceride levels on morning of 3<sup>rd</sup> day of infusion Scheduled Date _____         </p> <p>           Perform q 24 hr. Wake-Up between 0800-1000 q AM utilizing the Modified Ramsey Scale and Neuro Assessment, document in the Nursing Notes assessment.         </p>																				
<b>Consults</b>	<input type="checkbox"/> Dietary Consult																				
<b>Medication</b>	<input type="checkbox"/> Initiate Propofol drip at 5 mcg/kg/min. <input checked="" type="checkbox"/> <b>VTE Prophylaxis</b> – Physician must complete Form # 395																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; height: 30px;"></td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">____/____/____</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td><b>Physician Signature</b></td> <td style="text-align: center;"><b>Date</b></td> <td style="text-align: center;"><b>Time</b></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 30px;"></td> <td style="border-bottom: 1px solid black; text-align: center;">____/____/____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td><b>Nurse #1 Signature</b></td> <td style="text-align: center;"><b>Date</b></td> <td style="text-align: center;"><b>Time</b></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 30px;"></td> <td style="border-bottom: 1px solid black; text-align: center;">____/____/____</td> <td style="border-bottom: 1px solid black; text-align: center;">_____</td> </tr> <tr> <td><b>Nurse #2 Signature</b></td> <td style="text-align: center;"><b>Date</b></td> <td style="text-align: center;"><b>Time</b></td> </tr> </table>					____/____/____	_____	<b>Physician Signature</b>	<b>Date</b>	<b>Time</b>		____/____/____	_____	<b>Nurse #1 Signature</b>	<b>Date</b>	<b>Time</b>		____/____/____	_____	<b>Nurse #2 Signature</b>	<b>Date</b>	<b>Time</b>
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