

PHYSICIAN'S ORDERS
For IV Infusion Vecuronium (Norcuron)
ER/ICU/Cath Lab Only**Neuromuscular Blocker/muscle relaxant. For Ventilator Support Only – Patient MUST be on Mechanical Ventilator Support.**Another brand of drug identical in form
and content may be dispensed unless checked. ☐

Drug Allergies

Patient Weight _____

The following orders will be initiated.

- ☐ Give a loading dose of Vecuronium of 5 - 10mg IV
- ☐ Initiate infusion of 50mg of Vecuronium in 100ml of D5W or NSS (concentration 500 mcg/ml) at 1mcg/kg/min begun 10 – 40 min. after IV bolus dose given. **Maintenance infusion rate** 0.8 to 1.3 mcg/kg/min. Maximum infusion rate 1.67 mcg/kg/min.

- ☐ Initiate Propofol protocol for sedation complements to therapy
- ☐ Versed _____ for sedation complements
- ☐ Morphine Sulfate _____
- ☐ Thromboembolism prophylaxis _____
- ☐ Dietary Consult _____ TED's _____ Specialty Bed _____

☒ Perform daily weaning trials unless contraindicated

Infusion Rate in Ml/hr (pump setting) * Drug Dose is in mcg/kg/min

Vecuronium

Weight	KG	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120
	LB	88	99	110	121	132	143	154	165	176	187	198	210	221	232	243	254	265
Mcg/kg/min	0.5	2	3	3	3	4	4	4	5	5	5	5	6	6	6	7	7	7
	0.6	3	3	4	4	4	5	5	5	6	6	6	7	7	8	8	8	9
	0.7	3	4	4	5	5	5	6	6	7	7	8	8	8	9	9	10	10
	0.8	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12
	0.9	4	5	5	6	6	7	8	8	9	9	10	10	11	11	12	12	13
	1	5	5	6	7	7	8	8	9	10	10	11	11	12	13	13	14	14
	1.1	5	6	7	7	8	9	9	10	11	11	12	13	13	14	15	15	16
	1.2	6	6	7	8	9	9	10	11	12	12	13	14	14	15	16	17	17
	1.3	6	7	8	9	9	10	11	12	12	13	14	15	16	16	17	18	19

Monitor effectiveness with use of Peripheral Nerve Stimulator and document per Policy. Obtain q15 x 4 VS and PNS standing then q1hr. PNS may then be monitored with q4hr assessments and with any change in rate and documentation.

Patient Care Implications: Patients with known hypersensitivity, use with caution in patients with hepatic dysfunction, obese patients, those with neuromuscular disease or electrolyte abnormalities, burn patients, renal and heart failure patients.

MD Signature_____/_____/_____
Date_____
Time_____
Nurse # 1 verifying rate_____
Nurse # 2 verifying rate