CCU-326-FRM REV 0 03.11.08

Conway Medical Center Conway, South Carolina

PHYSICIAN'S ORDERS

FOR IV DILTIAZEM HYDROCHOLRIDE ADMINISTRATION (CARDIZEM®)

ICU/PCU/CATH LAB/ED

(*Restricted use in Telemetry Unit)

Center Patient Admission Label Here

	Another brand of drug		1. <u></u>	Drug Aller	gies		Nurse's Initials
Treatme	ent for control of ve	entricular response	for patie	nts in rapio	d atrial fibrillation	, atrial flutter or PSVT.	
	Continuous C	Cardiac Monitorin	g with B	P and pul	se ox monitoring		
	Bolus: Initial Bolus: Cardizem 0.25 mg/kg IV slowly over 2 mins. (*Telemetry Unit restricted to administer Bolus only)						
		e Heart rate response at kg over 2 minutes	fter 15 min	utes of initia	l bolus dose, may giv	e a second bolus of 0.35	
	Continuous Drip: U	sually not needed in Pa	SVT, but a	inticipated in	atrial fibrillation and	atrial flutter	
	Diluent Volume	Quantity of Diltiazem (CARDIZEM®)Injection	Final Cor	centration	Administration Dose	Administration Infusion Rat	
	100 ml (NSS, D5W, or D5 ½ NSS	125 mg (25 ml)	1 mg/ml		5 mg/hr 10 mg/hr 15 mg/hr	5 cc/hr 10 cc/hr 15 cc/hr	
	Initiate drip at 5 mg/hr. Increase by 5 mg increments for adequate apical response, not to exceed 15 mg/hr for no more than 24 hrs. Monitor BP q 5 min. upon initiation until stable then q 1-2 hrs and prn according to titration schedule						
	Older adults may experience profound hypotension.						
	Monitor ECG for resolution of tachycardia.						
	3. Monitor for signs of heart block and ischemia.						
	4. Monitor for BP at 2-5 min. intervals until stable then every 1-2 hrs. Also according to titration schedule and patient condition.						
	a. Bib b. Nec c. Bre d. Lov	gns and symptoms of prasilar crackles (rales) ck vein distention athing difficulty w blood pressure wer level of consciousn	·	edema such a	as:		
Physician's Signature				Date	//	Гіте	
Nurse #1 Signature				Date		Гіте	
Nurse #2 Signature				Date	//	Гіте	