CCU-3375-FRM REV 1 05.10.21

Conway Medical Center Conway, South Carolina PHYSICIAN'S ORDERS

$\label{eq:condition} \textbf{Dexmedetomidine} \; (\textbf{Precedex}^{\texttt{@}}) \; \textbf{Infusion}$

Order Form (ICU Only)

Center Patient Admission Label Here

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 therapy 2. Mechanically ventilated, CPAP/BiPaP, Hi-Flo patient requiring a temporary (<24hrs) sedative where minimal respiratory depression and/or short half-life would be of benefit. Preparation: 4 mcg/ml		
Physician Orders: * Order will automatically discontinue in 24 hrs. Physician will evaluate daily the need for extended use. ☐ Record baseline vital signs and MAP. ☐ Reduce propofol / midazolam infusion rate by ½ when dexmedetomidine started. Wean sedative to off as dexmedetomidine is titrated up. ☐ Dexmedetomidine loading dose: 1 mcg/kg IV dexmedetomidine bolus infused over 10 minutes. ☐ Dexmedetomidine maintenance infusion: Start infusion at rate of 0.2 mcg/kg/hr. Titrate to effect in increments of 0.1 mcg/kg/hr every 20 minutes (max dose: 0.7 mcg/kg/hour). ➤ Monitor BP and heart rate q 5 min until BP stable for every change in infusion rate ☐ Titrate to Modified Ramsay Scale of ➤ Modified Ramsay Scale ☐ 1. Patient anxious, agitated, or restless ☐ Patient responds to commands only ☐ Patient responds to gentle shaking ☐ Patient responds to noxious stimulus ☐ Patient has no response to firm nail bed pressure or other noxious stimuli ☐ Decrease infusion rate by half and notify physician for MAP 70 - 75 mmHg. ☐ Hold infusion and notify physician for MAP less than 70 mmHg. ☐ Decrease infusion rate by half and notify physician for heart rate 45 - 50 beats/min. ☐ Hold infusion and notify physician for heart rate less than 45 beats/min. ☐ (Atropine or glycopyrrolate may be effective in treating side effects by modifying vagal tone.) ***Notify Physician if goal not met at max dose***		
, , , , , , , , , , , , , , , , , , ,		
Physician Signature	Date / / /	Time
Nurse #1 Signature	Date //_	Time
Nurse #2 Signature	Date —	Time
DO NOT WRITE IN THIS AREA		