

PHYSICIAN'S ORDERS

FOR IV DILTIAZEM HYDROCHLORIDE
ADMINISTRATION (CARDIZEM®)

ICU/PCU/CATH LAB/ED

(*Restricted use in Telemetry Unit)

Center Patient Admission
Label Here

Date
& Time

Another brand of drug identical in form
and content may be dispensed unless checked. ☐

Drug Allergies

Nurse's
Initials

Treatment for control of ventricular response for patients in rapid atrial fibrillation, atrial flutter or PSVT.

☒ **Continuous Cardiac Monitoring with BP and pulse ox monitoring**

1. Bolus: Initial Bolus: Cardizem 0.25 mg/kg IV slowly over 2 mins. (*Telemetry Unit restricted to administer Bolus only)

If inadequate Heart rate response after 15 minutes of initial bolus dose, may give a second bolus of 0.35 mg/kg over 2 minutes

2. Continuous Drip: Usually not needed in PSVT, but anticipated in atrial fibrillation and atrial flutter

Mix to a concentration of 1mg in 1ml of NSS, D5W or D5 ½ NSS (1mg/ml)

Initial dose at 5 mg/hr.

Titration instructions; titrate 5mg Q 5 minutes to max dose 15mg/hour

Goal HR _____

Monitor BP/HR Q 5 min. upon initiation for minimum 30 minutes, with all titrations, then per unit protocol.

☒ If HR falls below 55, hold drip and call physician.

Physician's Signature

_____/_____/_____
Date

Time

Nurse #1 Signature

_____/_____/_____
Date

Time

Nurse #2 Signature

_____/_____/_____
Date

Time