

ED-353-FRM REV 2 05.10.21	Conway Medical Center Conway, South Carolina	Center Patient Admission Label Here
PHYSICIAN'S ORDERS ER/ICU/PACU/Cath Lab ONLY For IV Propofol (Diprivan) Administration in Ventilator Support Sedation Only		
Another brand of drug identical in form and content may be dispensed unless checked. <input type="checkbox"/>	Drug Allergies:	
RN can never administer Diprivan boluses	<i>(* Contraindicated in patients with soybean oil, egg, lecithin, glycerol allergies)</i>	
Patient Weight: _____		
Additional order sets:		
Activity	<input type="checkbox"/> Specialty Bed _____	
Treatment/ Nursing	<p>The following orders will be initiated.</p> <ol style="list-style-type: none"> 1. Initial dose _____ mcg/kg/min. 2. Titration instructions: 5mcg/kg/min Q 5minutes; Max dose 55mcg/kg/min. 3. Goal: Ramsay score _____ 4. Document BP at initiation, with every titration, Q 5 min x 4, Q 15 x 4, then Q 1hr when stable. 5. Document Ramsay Score at initiation and all titrations. <p style="text-align: center;">Modified Ramsay Scale</p> <ol style="list-style-type: none"> 1. Patient anxious, agitated, or restless 2. Patient cooperative, oriented and tranquil 3. Patient responds to commands only 4. Patient responds to gentle shaking 5. Patient responds to noxious stimulus 6. Patient has no response to firm nailbed pressure or other noxious stimuli <p style="text-align: center;">M.D. modified Ramsay Scale orders for Scale _____</p> <p>If patient is not adequately sedated at 55mcg/kg/min notify Physician.</p> <p>Triglyceride levels on morning of 3rd day of infusion and every 3 days. Scheduled Date _____</p> <p>Perform sedation vacation Q am unless contraindicated. Utilize the Modified Ramsay Scale and Neuro Assessment, document in the Nursing Notes assessment.</p>	
Consults	<input type="checkbox"/> Dietary Consult	
Medication	<input checked="" type="checkbox"/> VTE Prophylaxis – Physician must complete Form # 395	
_____ Physician Signature	____/____/_____ Date	_____ Time
_____ Nurse #1 Signature	____/____/_____ Date	_____ Time
_____ Nurse #2 Signature	____/____/_____ Date	_____ Time