



## Analgesia/Sedation/Neuromuscular Blockade in Mechanically Ventilated Patients – Standard Orders

Requires a ✓ for activation     Standard Order

Allergies: \_\_\_\_\_

<p><b>MEDICATION AND TREATMENT ORDERS:</b></p> <p><b>ANALGESIA:</b></p> <p><input type="checkbox"/> Fentanyl _____ mcg IV q _____ /prn (25-50 mcg)  <input type="checkbox"/> Fentanyl IV infusion @ _____ mcg/hr</p> <p><input type="checkbox"/> Morphine _____ mg IV q _____ /prn (2-5 mg)  <input type="checkbox"/> Morphine IV infusion @ _____ mg/hr</p> <p><input type="checkbox"/> Hydromorphone _____ mg IV q _____ /prn (0.25 -1 mg)  <input type="checkbox"/> Hydromorphone IV infusion @ _____ mg/hr</p> <p><b>SEDATION:</b></p> <p>Desired Level of Sedation</p> <p><input type="checkbox"/> 0 to -1 Calm / Cooperative  <input type="checkbox"/> -2 Light Sedation  <input type="checkbox"/> -3 Moderate Sedation  <input type="checkbox"/> -4 Deep Sedation  <input type="checkbox"/> -5 Unarousable</p> <p><input type="checkbox"/> Midazolam _____ mg IV (2-5 mg) push q5-15 min prn for acute agitation  <input type="checkbox"/> Midazolam infusion @ _____ mg/hr (0.5-5mg/hr) titrate to goal sedation  <input type="checkbox"/> Propofol infusion @ _____ mg/kg/hr (0.3mg/kg/hr) titrate q 5-15 min to goal sedation  <input type="checkbox"/> Lorazepam _____ mg IV (2-4 mg) q 10-20 minutes until controlled then q 4-6h PRN titrate to goal sedation</p> <p><b>DELIRIUM:</b></p> <p><input type="checkbox"/> Haloperidol _____ mg (2-10 mg) IV q20-30 min X _____ doses then _____ mg (25% of total loading dose) q6h</p> <p><b>NEUROMUSCULAR BLOCKADE:</b></p> <p><input type="checkbox"/> Pancuronium _____ mg IV Bolus / prn (0.1 mg/kg)  <input type="checkbox"/> Rocuronium _____ mg IV Bolus / prn (0.5 mg/kg)  <input type="checkbox"/> Atracurium _____ initial bolus (0.5 mg/kg); then _____ mg IV Bolus / prn (0.1 mg/kg)</p> <p><b>OTHER:</b></p> <p><input type="checkbox"/> Methylcellulose 1% (eyebule) 1-2 drops to each eye prn</p>	<p><b>GENERAL ORDERS</b></p> <p><input type="checkbox"/> Daily wake up  <input checked="" type="checkbox"/> Assess patient's sedation level q1h using RASS (Richmond Agitation – Sedation Scale)  <input checked="" type="checkbox"/> Assess for presence of delirium daily &amp; prn using CAM – ICU Confusion Assessment Method for the (diagnosis of delirium in the ICU)  <input checked="" type="checkbox"/> Refer to Supporting Guideline</p>
<p>DATE: _____ PHYSICIAN SIGNATURE: _____</p> <p style="text-align: center;"><b>➔ SEND COPY TO PHARMACY ➔</b></p>	