LEB CRNA Medication Orders Plan

Continuous Infusion

- Dextrose 5% in Water
  500 mL, IV, Routine, 1 mL/hr, For CVP pressure monitoring

- Heparin 2 Units/ml in 500 ml NS (Pediatric)
  500 mL, IV, Routine, 3 mL/hr

+1 Hours DOPamine Drip (Pediatric) (IVS)*
  Diluent volume
  250 mL, IV, Routine, Reference Range: 2 to 20 mcg/kg/min
  Comments: For OR, Titrate for effect.
  DOPamine
  400 mg, 3 mcg/kg/min

+1 Hours Calcium Chloride Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  30 mL, IV, Routine, Reference Range: 2 to 10 mg/kg/hr
  Comments: For OR, Titrate for effect. Wean drip by 2 mg/kg/hr for ionized Calcium greater than or equal to 1.4
  calcium chloride (additive)
  2,000 mg, 5 mg/kg/hr

Clevidipine Drip (Pediatric) (IVS)*
  Diluent volume
  50 mL, IV, Routine, Reference range: 0.25 mcg/kg/min to 5 mcg/kg/min
  clevidipine (additive)
  25 mg, 0.25 mcg/kg/min

+1 Hours NitroPRUSSIDE Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  98 mL, IV, Routine, Reference Range: 0.5 to 5 mcg/kg/min
  Comments: For OR, Titrate for effect.
  nitroprusside
  50 mg, 0.25 mcg/kg/min

+1 Hours Milrinone Drip (Pediatric) (IVS)*
  Diluent volume
  100 mL, IV, Routine, Reference Range: 0.25 to 1 mcg/kg/min
  milrinone (additive)
  20 mg, 0.5 mcg/kg/min

+1 Hours MorPHINE Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  49.5 mL, IV, Routine, Reference Range: 10 mcg/kg/hr
  morPHINE (additive)
  5 mg, 10 mcg/kg/hr

+1 Hours FentaNYL Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
  15 mL, IV, Routine
  Comments: Send to OR for intraoperative use by anesthesia staff only (Do not exceed 50 mcg/kg or 2500 mcg total)
  fentanyl (additive)
  500 mcg

+1 Hours Sufentanil Drip (Pediatric) (IVS)*
  Dextrose 5% in Water
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15 mL, IV, Routine
Comments: Send to OR for intraoperative use by anesthesia staff only (Do not exceed 5 mcg/kg or 500 mcg total)
sufentanil (additive)
500 mcg

☐ 1 Hours Dexmedetomidine Drip (Pediatric) (IVS)*
Diluent volume
100 mL, IV, Routine, Reference Range 0.2-1 mcg/kg/min
Comments: For OR, Titrate for effect
dexmedetomidine (additive)
400 mcg, mcg/kg/hr

☐ 1 Hours EPINEPHrine Drip (Pediatric) (IVS)*
Dextrose 5% in Water
49.5 mL, IV, Routine, Reference Range: 0.01 to 0.2 mcg/kg/min
Comments: For OR, Titrate for effect.
epinephrine (additive)
0.5 mg, 0.02 mcg/kg/min

☐ 1 Hours Vasopressin Drip (Pediatric) (SHOCK) (IVS)*
Sodium Chloride 0.9%
97.5 mL, IV, Routine, Reference Range: 0.2 to 0.5 milli-units/kg/min
Comments: For OR, Titrate for effect.
vasopressin (additive)
50 units

☐ 1 Hours Amiodarone Drip (Pediatric) (IVS)*
Dextrose 5% in Water
54 mL, IV, Routine, Reference Range: 5 to 10 mg/kg/day
Comments: For OR, Titrate for effect.
amiodarone (additive)
300 mg, 5 mg/kg/day

☐ 1 Hours Isuprel Drip (Pediatric) (IVS)*
Dextrose 5% in Water
40 mL, IV, Routine, Reference Range: 0.05 to 2 mcg/kg/minute
Comments: For OR, Titrate for effect.
isoproterenol (additive) pediatric
2 mg, 0.007 mcg/kg/min

☐ 1 Hours NitroGLYcerin Drip (Pediatric) (IVS)*
Diluent volume
250 mL, IV, Routine, Reference Range: 0.5 to 2 mcg/kg/min
Comments: For OR, Titrate for effect.
nitroglycerin (additive) pediatric
100 mg, 0.5 mcg/kg/min

☐ 1 Hours Midazolam Drip (Pediatric) (IVS)*
Dextrose 5% in Water
15 mL, IV, Routine, Reference Range: 0.05 to 0.2 mg/kg/hr
Comments: For OR, Titrate for effect.
midazolam (additive)
50 mg, 0.05 mg/kg/hr

☐ Aminophylline Drip (Pediatric) (IVS)*
Dextrose 5% in Water
30 mL, IV, Routine, Reference Range: 0.5 mg/kg/hr
Comments: Max dose = 50 mg/hr, Continuous infusion
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aminophylline (additive)
500 mg, mg/kg/hr

☐ Cisatracurium Drip (Pediatric) (IVS)*
Diluent volume
20 mL, IV, Routine, Reference range: 1 to 5 mcg/kg/min

cisatracurium (additive)
40 mg, mcg/kg/min

Medications
☐ +1 Hours EPINEPHrine 1 mcg/ml Inj
10 mcg, Injection, IV, N/A, Routine
Comments: Please send two syringes of this product.

☐ +1 Hours chlorproMAZINE 1 mg/mL Inj
1 mg, Injection, IV, N/A, Routine
Comments: Please send two syringes of this product.

☐ +1 Hours nitroPRUsside 1 mcg/mL Inj
10 mcg, Injection, IV, N/A, Routine
Comments: Please send two syringes of this product.

Date Time Physician’s Signature MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order