



Physician Orders PEDIATRIC: LEB CRNA Medication Orders Plan

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
Comments: For OR, Titrate for effect. Dose adjust if renal dysfunction present.
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
Comments: For OR To start upon transition to CVICU, Titrate for effect.
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, 0.2 milli-units/kg/min, 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
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***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

