attach patient label here

Methodist Le Bonheur Healthcare

## Physician Orders ADULT

# Order Set: Glycoprotein IIb/IIIa Dosing Protocol Orders

[**R**] = will be ordered
T= Today; N = Now (date and time ordered)
Height: _____cm Weight: _____kg

| | | |
|---|---|---|
| **Allergies:** | | [ ] No known allergies |
| [ ]Medication allergy(s): | | |
| [ ] Latex allergy [ ]Other: | | |
| **[ ]** | Glycoprotein IIb/IIIa Dosing Protocol Or (Glycoprotein IIb/IIIa Dosing Protocol Orders Initiate) | T;N |
| | **NOTE: Select either Reopro OR Integrilin orders from below:** | |
| | **NOTE: If platelet count < 100,000, abciximab (ReoPro) is contraindicated and will not be given** | |
| **ReoPro Dose Orders** | | |
| | **NOTE: If platelet count < 100,000, abciximab (ReoPro) is contraindicated and will not be given** | |
| **[ ]** | **ReoPro - Glycoprotein IIb/IIIa Orders** | |
| **[ ]** | abciximab | 0.25 mg/kg, Injection, IV Push, once, Routine, Comment: Administer over 2-3 minutes |
| **[ ]** | abciximab infusion | 7.2 mg / 250 mL, IV, Routine, ( 12 hr ), 0.125 mcg/kg/min, Comment: Maximum rate= 10mcg/min |
| **Integrilin ACS Dose Orders** | | |
| | **NOTE: If patient is on dialysis, eptifibatide (Integrillin) is contraindicated and won't be given:** | |
| **[ ]** | **Integrilin ACS Dose Orders** | |
| | **NOTE: Choose bolus and infusion orders from below:** | |
| **[ ]** | eptifibatide (eptifibatide bolus) | 180 mcg/kg, Injection, IV Push, once, Routine, (1 Dose), Comment: Administer over 1 minute. |
| **[ ]** | eptifibatide (eptifibatide infusion (75 mg/100 mL)) | 75 mg / 100 mL, IV, Routine, ( 24 hr ), 2 mcg/kg/min |
| | **NOTE:If calculated CrCl less than 50 ml/min (based on actual weight), place order below:** | |
| **[ ]** | eptifibatide (eptifibatide infusion (75 mg/100 mL)) | 75 mg / 100 mL, IV, Routine, ( 24 hr ), 1 mcg/kg/min |
| **Integrilin Cath Lab Dose Orders** | | |
| **[ ]** | **Integrilin Cath Lab Dose Orders** | |
| **[ ]** | eptifibatide (eptifibatide bolus) | 180 mcg/kg, Injection, IV Push, q10min, Routine, ( 2 dose ) |
| **[ ]** | eptifibatide (eptifibatide infusion (75 mg/100 mL)) | 75 mg / 100 mL, IV, Routine, ( 24 hr ), 2 mcg/kg/min |
| | **NOTE: If calculated CrCl less than 50 ml/min (based on actual weight), place order below:** | |
| **[ ]** | eptifibatide (eptifibatide infusion (75 mg/100 mL)) | 75 mg / 100 mL, IV, Routine, ( 24 hr ), 1 mcg/kg/min |

| **Date** | **Time** | **Physician's Signature** | **MD Number** |
|---|---|---|---|