



Physician Orders ADULT: ANES Critical Care Titrate Meds Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- Initiate Powerplan Phase
T;N, Phase: ANES Critical Care Titrate Meds Phase, When to Initiate: _____

ANES Critical Care Titrate Meds Phase

Non Categorized

- Initiate Powerplan Phase
T;N, Phase: ANES Critical Care Titrate Meds Phase, When to Initiate: _____

Patient Care

- Sedation Goal per Riker Scale
T;N, Goal: 3 (Sedated)
- Sedation Goal per Riker Scale
T;N, Goal: 4 (Calm/Cooperative)
- Hemodynamic Parameters
T;N
- R Nursing Communication
T;N, Titratable infusions ordered by anesthesia expire in 4 hours. Contact surgeon for post op orders for continuation or weaning.

Respiratory Care

- Mechanical Ventilation
 - T;N, Vent Settings: SIMV (DEF)**
 - T;N, Vent Settings: CMV/Assist Control*

Medications

Vasopressors

- +1 Hours** DOBUTamine infusion
500 mg / 250 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 5 mcg/kg/min;Max dose equals 20mcg/kg/min, Conc: 2000mcg/mL
- +1 Hours** DOPamine infusion
400 mg / 250 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 5 mcg/kg/min; titrate in increments of 2.5 mcg/kg/min as often as every 10 min to maintain systolic BP greater than 100 mmHg or MAP of 65 mmHg. Max dose equals 20mcg/kg/min, Conc: 1600 mcg/mL
- +1 Hours** epinephrine infusion (IVS)*
Sodium Chloride 0.9%
250 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 1 mcg/min; titrate in increments of 1mcg/min as often as every 5 min to maintain systolic BP greater than 100 mmHg or MAP of





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65 mmHg. Max dose equals 100 mcg/min. Conc: 4 mcg/mL
 EPINEPHrine (additive)
 1 mg

- +1 Hours** norepinephrine 16 mg/250 mL- NaCl 0.9% injectable solution
 16 mg / 250 mL, IV, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 2 mcg/kg/min: titrate in increments of 2mcg/min as often as every 5-10 min. to maintain systolic BP greater than 100 mmHg or MAP of 65 mmHg. Max dose equals 90mcg/min
- +1 Hours** vasopressin infusion (IVS)*
 NaCl 0.9%
 50 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin 0.04 units/min. Maintain at this rate. Titrate norepinephrine or dopamine to keep MAP greater than 65 mmHg.
 vasopressin (additive)
 50 units
- +1 Hours** milrinone
 5 mcg/kg/min, Injection, IV Piggyback, once, Routine, (infuse over 10 min)
- +1 Hours** milrinone 20 mg/100 mL-D5% intravenous solution
 20 mg / 100 mL, IV, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 0.5 mcg/kg/min, Max dose equals 0.75 mcg/kg/min.
- +1 Hours** phenylephrine infusion (IVS)*
 Normal Saline
 250 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 50 mcg/min, Titrate by 10 mcg/min q 5 min to keep SBP greater than 100 mmHg, Maximum dose: 360 mcg/min
 phenylephrine (additive)
 50 mg

Antihypertensives

- +1 Hours** niCARDipine infusion
 40 mg / 200 mL, IV, Routine, (for 4 hr), Titrate
Comments: Continue rate set by anesthesia or begin at 5 mg/hr; titrate in 2.5mg/hr increments as often as every 15 min to maintain systolic BP less than 140 but greater than 100 mmHg or MAP less than 95 but greater than 60 mmHg. Max dose equals 15mg/hr. Conc: 0.2 mg/mL
- clevidipine infusion
 25 mg / 50 mL, IV, Routine, (for 4 hr), mg/hr
Comments: Continue rate set by anesthesia or begin at 1mg/hr; double as often as every 90 seconds then every 5-10 mins to maintain systolic BP less than 140 but greater than 100 mmHg or MAP less than 95 but greater than 60 mmHg. Max dose equals 16 mg/hr. Conc: 0.5 mg/mL





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- +1 Hours** nitroprusside 50mg in D5W 250 ml (IVS)*
D5W
250 mL, Routine, (for 4 hr)
Comments: Continue rate set by anesthesia or begin at 0.5 mcg/kg/min increments every 5 min to maintain systolic BP less than 140 but greater than 100 mmHg or MAP less than 95 but greater than 60 mmHg. Max dose equals 10 mcg/kg/min, may double, triple or quadruple strength.
nitroprusside
50 mg
- +1 Hours** nitroglycerin 50 mg/D5W infusion
50 mg / 250 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 5 mcg/min increase by 5 mcg/min increments every 3-5 min to maintain systolic BP less than 140 but greater than 100 mmHg or MAP less than 95 but greater than 60 mmHg. Max dose equals 200 mcg/min. Conc: 200 mcg/mL
- +1 Hours** esmolol 2 g/NS infusion
2,000 mg / 100 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 50mcg/kg/min, Titrate by 50mcg/kg/min q5 min to keep SBP less than 140 mmHg, Maximum dose: 300mcg/kg/min. Monitor for bradycardia.
- +1 Hours** labetalol infusion (IVS)*
Sodium Chloride 0.9%
200 mL, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 2 mg/min, titrate by 1mg/min q 10 min to keep SBP less than 140 mmHg, Monitor for bradycardia.
labetalol (additive)
200 mg
- +1 Hours** diltiazem 125mg/D5W for infusion (IVS)*
Dextrose 5% in Water
125 mL, IV, Routine, (for 4 hr), titrate
Comments: Continue rate set by anesthesia or begin at 5 mg/hr, titrate by 2.5 mg/hr q 15 min to keep SBP less than 140 mmHg or HR less than 90 bpm. Maximum dose: 15 mg/hr.
diltiazem (additive)
125 mg

Consults/Notifications/Referrals

- Consult Clinical Pharmacist
Start at: T;N, Reason: Concentrate all titratable infusions, Special Instructions: Patient needs smallest amount of fluid delivered.



Attach patient label here



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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

