



attach patient label here

Physician Orders ADULT
Order Set: Neuromuscular Blockade of Ventilated Patient Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy		<input type="checkbox"/> Other: _____
NOTE: Ventilator Bundle-Sedation and Analgesia Orders must be prescribed prior to placing the Neuromuscular Blockade of mechanically-ventilated patient orders		
NOTE: Neuromuscular Blockade of Mechanically ventilated patients must be RENEWED by physician every 24 hours.		
<input checked="" type="checkbox"/>	Initiate Neuromuscular Blockade Orders	T;N, Neuromuscular Blockade of Mechanically Ventilated Patient Orders must be RENEWED by Physician every 24 hours.
Patient Care		
<input checked="" type="checkbox"/>	Neuromuscular Blockade Orders Review	T;N, q24h, Neuromuscular Blockade of Mechanically Ventilated Patient Orders must be reviewed by a physician every 24hrs to be continued.
<input type="checkbox"/>	Sedation Goal per Riker Scale	T;N, Sedation Goal: 3 (Sedated)
<input type="checkbox"/>	Sedation Goal per Riker Scale	T;N, Sedation Goal: 4 (Calm/Cooperative)
<input type="checkbox"/>	Nursing Communication	T;N, Neuromuscular Blockade of Ventilated Patient Orders Protocol: Obtain baseline Train of Four prior to neuromuscular blocking agent bolus and drip. Label sites where TOF performed.
<input type="checkbox"/>	Nursing Communication	T;N, Neuromuscular Blockade of Ventilated Patient Orders Protocol: All neuromuscular blocker orders require a nurse DOUBLE CHECK.
<input type="checkbox"/>	Nursing Communication	T;N, Neuromuscular Blockade of Ventilated Patient Orders Protocol: Train of Four (TOF) testing q15min x 1 hr then q1h while on paralytics.
<input type="checkbox"/>	Nursing Communication	T;N, Neuromuscular Blockade of Ventilated Patient Orders Protocol: After vecuronium or atracurium discontinued, perform TOF q15min until 4 strong twitches of equal amplitude are noted while patient is recovering to pre-paralytic state.
Vecuronium Orders		
NOTE: Order vecuronium only if patient has NORMAL hepatic function and CrCl greater than 30mL/min:		
<input type="checkbox"/>	vecuronium	100 mcg/kg, Injection, IV Push, once, Routine, Comment: Push over 3-5 minutes prior to infusion, Max Dose = 10,000mcg
OR		
<input type="checkbox"/>	vecuronium	100 mcg/kg, Injection, IV Push, q2h, PRN Other, specify in Comment, Routine, (24 hr), Comment: for respiratory rate greater than 24 bpm, push over 3-5 min. Max Dose: 10,000 mcg
<input type="checkbox"/>	vecuronium infusion	50 mg/250 mL, IV, Routine (24hr), titrate, Comment: Start Infusion 1 mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour as needed to achieve and maintain 1-2/4 TOF. Max infusion rate = 1.7mcg/kg/min





attach patient label here

Physician Orders ADULT
Order Set: Neuromuscular Blockade of Ventilated Patient Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Atracurium Orders	
NOTE: Order atracurium only if patient has HEPATIC FUNCTION IMPAIRMENT OR Cr Cl is less than 30mL/min:	
<input type="checkbox"/>	atracurium 400 mcg/kg, Injection, IV Push, q2h, PRN Other, specify in Comment, Routine, (24 hr), Comment: For respiratory rate greater than 24 bpm, push over 3-5 min. Max Dose: 50,000 mcg
OR	
<input type="checkbox"/>	atracurium 400 mcg/kg, Injection, IV Push, once, Routine, Comment: Push over 3-5 minutes prior to infusion, Max Dose=50,000 mcg
<input type="checkbox"/>	atracurium infusion 250 mg / 250 mL, IV, Routine, (24 hr), titrate, Comment: Start infusion at 4 mcg/kg/min. Titrate by 1mcg/kg/min to achieve and maintain 1-2/4 TOF. Max Infusion rate 12 mcg/kg/min.
Continuous Infusions	
NOTE: Order below for alternative sedation and analgesia. Begin SCHEDULED sedation and analgesia before starting neuromuscular blocker.	
<input type="checkbox"/>	Propofol Order (Propofol Orders)
<input type="checkbox"/>	morphine infusion 100 mg / 100 mL, IV, titrate, Comment: initiate at 1mg/hr and titrate by 1mg/hr every hour to Riker level of _____
NOTE: Order below for analgesia if patient has documented morphine allergy or renal failure	
<input type="checkbox"/>	fentanyl (fentanyl 10 mcg/mL in NS infusion) 1,000 mcg / 100 mL, IV, Titrate, Comment: Initiate at 0.5mcg/kg/hr and titrate by 0.5mcg/kg/hr every 10 minutes to Riker level of _____. Max rate: 10 mcg/kg/hr.
Medications	
<input type="checkbox"/>	ocular lubricant (Lacri-Lube S.O.P.) 1 application, Ophthalmic Oint, Both Eyes, q2h, Routine

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