attach patient label here

Methodist Le Bonheur Healthcare

Physician Orders ADULT

Title: Bivalirudin (Angiomax) Cath Lab Only 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:	
Bivalirudin (Angiomax) Protocol		
[R]	Bivalirudin (Angiomax) Protocol Orders I (Bivalirudin (Angiomax) Protocol Orders Initiate)	T;N
[ ]	bivalirudin	0.75 mg/kg, IV Push, once, Routine, T;N, (bolus), Comment: Conc 5mg/mL
	NOTE: For CrCl greater than 30mL, order Bivalirudin 1.75 mg/kg/hr below:	
[ ]	NS 50 mL + bivalirudin(additive) 250 mg [1.75 mg/kg/hr]	50mL, IV, Routine, T;N, (for 1 dose), _____mL/hr
	NOTE: For CrCl 10-29 mL/min (SCr >4mg/dL), not on dialysis, order Bivalirudin 1 mg/kg/hr below:	
[ ]	NS 50 mL + bivalirudin(additive) 250 mg [1 mg/kg/hr]	50mL, IV, Routine, T;N, (for 1 dose), _____mL/hr
[ ]	**NOTE: For patients on dialysis, order Bivalirudin 0.25 mg/kg/hr below:**	
[ ]	NS 50 mL + bivalirudin(additive) 250 mg [0.25 mg/kg/hr]	50mL, IV, Routine, T;N, (for 1 dose), _____mL/hr

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