

Critical Care Titration Chart-Guide Only -Refer to eMAR for Physician Order

Drug	Drug Class	Dosage	Remarks
Amiodarone (Cardarone)	Antiarrhythmic	Dosing dependent on indication: Bolus: 150 mg/100 ml D5W over 10 min, then 1 mg/min for 6 hours, then 0.5 mg/min for 18 hours Cardiac arrest: follow ACLS guidelines	Measure the QT interval every 8 hrs; prefer to give via central line; use in-line filter; Monitor for pulmonary toxicity, hypotension, and bradycardia. Many drug-drug interactions. Onset 10-15 min
Cisatracurium (Nimbex)	Neuromuscular Blocker Paralytic	Bolus: 0.15 mg/kg then Normal starting rate: at 1 mcg/kg/min, titrate by 1 mcg/kg/min every 5 min to patient condition as determined by Train of Four (TOF) monitoring Max Dose: 10 mcg/kg/min	Must be mechanically intubated. Must be sedated the ENTIRE TIME paralyzed Do baseline Train of Four, may also require BIS monitoring for sedation. Rarely: Bradycardia, hypotension, flushing, Bronchospasm. Onset 3-5 min
Clevidipine (Cleviprex)	Calcium Channel Blocker	Normal starting rate: 1 mg/hr then double dose every 90 sec. until approaching SBP 160, then titrate by 1mg/hr every 5 min Max Dose: 32 mg/hr	Monitor for hypotension and reflex tachycardia. Change Tubing every 12 hours. Onset 2-4 min
DexMEDetomidine (Precedex)	Sedative	Normal starting rate: 0.2 mcg/kg/hr. Increase by 0.1 mcg/kg/hr every 15 minutes until desired response. Max Dose: 1.4 mcg/kg/hr, consider alternate if > 0.7 mcg/kg/hr	**Only administer bolus if no other sedative is being used. Monitor for hypotension and bradycardia RASS documentation required. Onset 5-10 min
Diltiazem (Cardizem)	Calcium Channel Blocker	Bolus: 0.25-0.35 mg/kg TOTAL body weight over 2 min; Max Bolus: 20-25 mg. Start infusion at 5 mg/hour and increase by 5 mg/hour to meet heart rate goal or decrease by 5 mg/hour for hypotension. Max Dose: 15 mg/hr	Monitor for new arrhythmias, hypotension, and bradycardia Hold for SBP < 90 Onset 2-5 min
Dobutamine Dobutrex	Adrenergic Inotropic	Normal starting rate: 0.5 mcg/kg/min. Increase by 2.5 mcg/kg/min every 10 minutes until desired response is achieved. Max Dose: 20 mcg/kg/min	Goal CI > 2, HR < 110, MAP > 65 or SBP > 90; prefer central line. May cause tachycardia and/or V. tach in high doses. Onset 1-2 min
Dopamine Inotropin	Adrenergic Vasopressor Inotropic	Normal starting rate: 1 mcg/kg/min. Increase by 2.5 mcg/kg/min every 10 minutes until desired response is achieved. Max Dose: 20 mcg/kg/min	Goal MAP > 65 or SBP >90 May cause tachycardia; use central line. Onset 1-2 min.
Epinephrine	Adrenergic Vasopressor	Normal starting rate: 0.03 mcg/kg/min. Increase by 0.01 mcg/kg/min every 5 minutes until goal. Max Dose: Contact doctor if goal unachieved at 0.2 mcg/kg/min	Goal MAP > 65 or SBP > 90 May cause tachycardia; use central line Onset Immediate

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Fentanyl	Analgesic Opioid	Normal starting rate: 0.5 mcg/kg/hr; increase by 0.5 mcg/kg/hr every 15 minutes until goal achieved. Max Dose: Contact doctor if goal unachieved at 2 mcg/kg/hr	Option 1: Document RASS q1hr with titrations; RASS goal as ordered Option 2: Document Pain q1hr with titrations; Pain goal as ordered Onset Immediate
Lidocaine	Antiarrhythmic	Normal starting rate: 1 mg/min Max Infusion Dose: 4 mg/min	Reassess dose frequently, taper as soon as possible due to toxicity. May cause hypotension and bradycardia Onset Immediate
Lorazepam (Ativan)	Sedative Benzodiazepine	Normal starting rate: 0.5 mg/hr. Increase by 1 mg/hr every 10 minutes to achieve desired response Max Dose: Contact doctor if goal unachieved at 8mg/hr	Document RASS score q1hr and with titrations. Document CIWA for ETOH withdrawal protocol May cause hypotension and bradycardia Onset 2-3 min
Nicardipine (Cardene)	Calcium Channel Blocker Antihypertensive	Normal starting rate: 5 mg/hr. Increase by 2.5 mg/hr every 15 minutes until desired goal. Max rate 15 mg/hr	Goal SBP < 160 or per orders. May cause hypotension and bradycardia. Prefer central line. Onset 1 min.
Nitroglycerin	Coronary Vasodilator Antianginal	Normal starting rate: 5 mcg/min Increase by 5 mcg/min every 5 minutes until desired goal(s). Max Dose: Contact doctor if goal unachieved at 200 mcg/min	May cause hypotension and bradycardia. Goals: relief of chest pain, SBP < 160. Hold for SBP < 90 Onset 1- 5 min.
Norepinephrine (Levophed)	Vasopressor	Normal starting rate: 0.03 mcg/kg/min. Increase by 0.01 mcg/kg/min every 5 minutes desired goal. Max Dose: Contact doctor if goal unachieved at 0.5 mcg/kg/min	Common titration goals of MAP > 65 or SBP > 90. May cause hypertension, use central line; Infusion rates post-cardiac arrest are higher, such as 0.1 mcg/kg/min Onset Immediate
Phenylephrine (NeoSynephrine)	Vasopressor	Initiate 0.5 mcg/kg/min, then titrate by 0.1 mcg/kg/min every 5 min Max Dose: Contact doctor if goal unachieved at 2 mcg/kg/min	Goal MAP > 65 or SBP > 90 May cause hypertension. Central line preferred. Onset Immediate
Propofol (Diprivan)	Sedative Hypnotic	Normal starting rate: 5 mcg/kg/min; increase by 5 mcg/kg/min every 5 minutes until desired response Max Dose: Contact doctor if goal unachieved at 50 mcg/kg/min	May cause dose limiting hypotension and bradycardia May decrease cardiac output; **Change tubing every 12 hours** Onset 40 sec.
Rocuronium/ Zemuron	Neuromuscular Blocker Paralytic	Bolus: 0.6 mg/kg Normal starting rate: 8 mcg/kg/min, titrate by 1 mcg/kg/min every 15 min to patient condition as determined by Train of Four Max Dose: 12 mcg/kg/min	Must be mechanically intubated. Must be sedated the ENTIRE TIME paralyzed Do baseline Train of Four, may also require BIS monitoring Onset 1-2 min
Vasopressin	Vasopressor	Initiate 0.03 units/min for shock (do not titrate unless otherwise directed) Taper Instructions: Reduce rate by 0.01 units/min every 30-60 minutes until off. Max Dose: 0.03 units/min (for septic shock)	Use in addition to norepinephrine and fluids. Doses above 0.04 units/min may increase risk of cardiac arrest. Taper dose by 0.01 units/min every hour as tolerated to maintain target blood pressure AFTER catecholamine(s) are discontinued. Onset Immediate