

McLaren Print System Order

Order No: 80640
 Order Date: 2023-10-19
 User: Graphics Dept
 Phone: 810-342-1066

Ship Location: McLaren Flint Nursing Education Attn: Lana Mesack
 401 S Ballenger Hwy
 Flint MI,48532

Brochures
 Quantity: 500
 Paragon Dept No: 13340
 Dept Name:
 Company Number:

Order Total Price: 21.55

Item Number: M-345-CC
 Item Description: Badge Buddy Titration
 Revision Date: 09/2023
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info:

| Critical Care Titration Chart-Guide Only -Refer to eMAR for Physician Order | | | |
|---|------------------------------------|---|--|
| Drug | Drug Class | Dosage | Remarks |
| Amlodipine (Coronone) | Antiarrhythmic | Dosing dependent on indication: Bolus: 100 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 |
| Clonidine (Cleviprex) | Calcium Channel Blocker | Normal starting rate: 1 mcg/hr then double dose every 90 sec. until approaching SBP 160, then titrate by 5mg/hr every 5 min Max Dose: 32 mg/hr | Monitor for hypotension and reflex tachycardia. Change Tubing every 12 hours. Onset 2-4 min |
| Desflurane (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 |
| Epinephrine (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: 0.01 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 |

Spec Info: