

(place patient label here)

Patient Name: \_\_\_\_\_



**PROVIDER ORDERS**

**Order Set Directions:**

- > (✓)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**Clonidine/Lorazepam Protocol**

**Version 2 2/3/20**

- After provider order for initiation of a protocol, nursing may place orders found within the protocol using the Policy/Protocol - No Esign Req order source or sign per protocol and fax to pharmacy

**General**

- Initiate clonidine/lorazepam Protocol IF CINA Greater Than or Equal to 8

**Medications**

- IF CINA  $\geq$  8: Follow clonidine/lorazepam orders below

- clonidine  
First dose when CINA  $\geq$  8  
MAX 12 Total Doses  
Discontinue after 72 hours after initiation or 12 doses whichever comes first

IF weight  $\geq$  154 lbs:

- 0.3 milligram every 4 hours if Systolic BP  $\geq$  110 mmHg
- 0.2 milligram every 4 hours if Systolic BP 100-109 mmHg
- 0.1 milligram every 4 hours if Systolic BP 95-99 mmHg
- 0.05 milligram every 4 hours if Systolic BP 90-94 mmHg
- If Systolic BP < 90 HOLD

If weight < 154 lbs:

- 0.2 milligram every 4 hours if Systolic BP  $\geq$  110 mmHg
- 0.1 milligram every 4 hours if Systolic BP 100-109 mmHg
- 0.05 milligram every 4 hours if Systolic BP 95-99 mmHg
- If Systolic BP < 95 HOLD

LORazepam (ATIVAN)

- First dose when CINA  $\geq$  8  
2 milligram orally 4 times a day for 2 days then  
1 milligram orally 4 times a day for 1 day then discontinue