

(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: _____

ICU Pressor Drips

Version 1 5/29/14

Medications

Vasoactive Agents Continuous Infusion

DOBUTamine (DOBUTREX) [500 milligrams/ 250 milliliters D5W]

- 2.5-10 microgram/kilogram per minute continuous intravenous infusion : titrate to keep ScvO greater than 70%, maintaining SBP greater than 90 mmHg and Heart Rate less than 140 beats per minute

DOPamine in D5W 400 mg/250 mL (1,600 mcg/mL) IV

- 5 microgram/kilogram per minute continuous intravenous infusion : titrate to keep SPB greater than or equal to 90mmHg and MAP greater than or equal to 65 mmHg

norepinephrine bitartrate in normal saline 4 mg/250 mL IV (LEVOPHED)

- 1-30 microgram/minute continuous intravenous infusion : titrate to keep SBP greater than 90 mmHg and MAP greater than or equal to 65 mmHg

phenylephrine in NS (preserv free) 20 mg/250 mL (80 mcg/mL) IV (NEO-SYNEPHRINE)

- 20 - 200 microgram/minute continuous intravenous infusion titrate to keep SBP greater than 90 mmHg and MAP greater than or equal to 65 mmHg

vasopressin (PITRESSIN)[100 unit/250 milliliter NS]

- 0.01-0.04 unit/minute continuous intravenous infusion titrate to keep MAP greater than 80 mmHg

Provider Signature: _____ Date: _____ Time: _____