

(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: _____

ED Procedural Sedation

Version 1 8/18/15

Order for procedure Specific Procedure: _____

Date of Procedure: _____

Time of Procedure: _____

Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- Cardiac monitor
- Pulse oximetry continuous
- Continuous End Tidal CO2 Monitor
- ASA Risk Assessment
- Document when patient last ate
- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 90%

Diet

- NPO

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain

IV Fluids - Maintenance Specific Fluid

Sodium Chloride 0.9% IV

- 125 milliliter/hour continuous intravenous infusion

Medications

morphine

- 2-10 milligram intravenously as needed for pain during procedure

For weight < 63 kg Select:

fentaNYL 100 mcg/2 mL ampule

- _____ microgram intravenously as needed for pain during procedure; may repeat every 1-3 minutes to desired effect

(Recommended dose range 0.5-1.5 mcg/kg)

For weight > 64 kg Select:

fentaNYL 250 mcg/5 mL ampule

- _____ microgram intravenously as needed for pain during procedure; may repeat every 1-3 minutes to desired effect

(Recommended dose range 0.5-1.5 mcg/kg)

propofol 10 mg/mL IV (DIPRIVAN)

- _____ milligram slow intravenous push may repeat 0.5 mg/kg dose every 3-5 minutes as needed to achieve the appropriate level of sedation

(Recommended dose range 0.5-1 mg/kg)

LORazepam (ATIVAN) 2 mg/1mL vial

- _____ milligram intravenously once

(Recommended dose range 0.01-0.1 mg/kg)

Initials _____

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midazolam (VERSED)

- 1 milligram intravenously as needed for sedation during procedure; May repeat every 2-5 minutes as needed for sedation

etomidate (AMIDATE) 40 mg/20 mL vial

- _____ milligram intravenously over 30-60 seconds; may repeat 0.05 mg/kg every 3-5 minutes as needed for sedation
(Recommended dose range 0.1-0.2 mg/kg)

ketamine (KETALAR)

- _____ milligram intravenously over 1-2 minutes; may repeat 0.25-0.5 mg/kg every 5-10 minutes as needed for sedation
(Recommended dose range 1-2 mg/kg)

Rescue Agents

Response to suspected opiate related respiratory depression

naloxone (NARCAN) 0.4 mg/mL injection

- 0.4 milligram slow intravenous push as needed for respiratory rate less than 8 breath/minute (subcutaneous or intramuscularly if no IV access). Repeat every 2 minutes (MAX 5 milligram) until patient is responsive and able to maintain airway, respiratory rate is greater than 10 breaths/minute

Response to suspected benzodiazepine related over-sedation

flumazenil (ROMAZICON)

- 0.2 milligram slow intravenous push over 15 seconds as needed for over-sedation; May repeat every minute for continued over-sedation. MAX cumulative dose: 1 milligram; In the event of re-sedation repeat doses may be given at 20 minute intervals at 1 milligram per minute to MAX of 1 milligram total dose and MAX of 3 milligram in 1 hour.

Provider Signature: _____ Date: _____ Time: _____