

(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: \_\_\_\_\_

**ReoPro (abciximab)**  
**RX = REOBSY and REOIV**

Version 4 05/14/2014

1. Loading dose: IV push over one minute.

0.25mg/kg (2 mg/ml (Patient weight \_\_\_\_\_ kg)

2. Maintenance Dose: ReoPro 9mg/250 ml N.S. intravenous infusion.

-Weights less than 80kg - 0.125mcg/kg/min infusion for **12 HOURS**  
{9 mg/250ml NS = 36 mcg/ml = 0.6 mcg/ml/min}

-Weights (kg) x 0.125mcg/kg/min = \_\_\_\_\_ ml/hr 0.6 mcg/ml/min

-Weights 80kg or greater - 10mcg/min (17ml/hr) over **12 HOURS**

3. Administer ReoPro in separate IV line. Do not mix with other medications.

| <b>PATIENT WEIGHT (KG)</b> | <b>BOLUS VOLUME (ML) (2 mg/ml)</b> | <b>INFUSION RATE (ML/HR) (36mcg/ml)</b> |
|----------------------------|------------------------------------|---|
| 65                         | 8.1 ml                             | 14 ml/hr                                |
| 70                         | 8.8                                | 15                                      |
| 75                         | 9.4                                | 16                                      |
| 80                         | 10                                 | 17                                      |
| 85                         | 10.6                               | 17                                      |

4. \_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_