(place patient label here)  Patient Name:  (√)- 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 in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes such as additions, deletions or line outs have been made in the pre-printed order set where changes are changes and set where the pre-printed order set where changes are changes are changes and set where changes are changes are changes and set where changes are changes are changes are changes and set where changes are cha	BENEFIS HEALTH SYSTEM Benefis HOSPITALS PROVIDER ORDERS
Diagnosis:	
Illergies with reaction type:	
Pediatric ICU Standardized Drips	Version 1 5/29/14
General  ■ This pediatric order set is intended for use in patients 1 month through 17 years.  □ Patient Weight:	ears of age and less than 50 kilograms
<ul> <li>Medications</li> <li>Sedatives /Analgesics</li> <li>For patients requiring prolonged continuous sedation, avoid the routine us years old midazolam (VERSED) in Dextrose 5% water (0.5 milligram/milliliter)</li> <li>□ 0.1 milligram/kilogram per hour continuous intravenous infusion (Demilligram/kilogram per hour) May increase dose by 0.02 milligram/kilogram/milligram/kilogram per hour as needed to relieve agitation. Notify pagitation unrelieved</li> <li>fentaNYL in Dextrose 5% water (10 microgram/milliliter)</li> <li>□ 1 microgram/kilogram per hour continuous intravenous infusion (Deper hour) May increase dose by 0.2 microgram/kilogram per hour to hour as needed to relieve agitation or for moderate to severe pain. microgram/kilogram per hour and agitation or pain unrelieved</li> </ul>	ose range: 0.05-0.2 kilogram per hour to max of 0.2 provider if infusing at max dose and ose range: 1-5 microgram/kilogram o max of 2 microgram/kilogram per
Neuromuscular Blocking Agents - Nondepolarizing vecuronium (NORCURON) in Dextrose 5% water (1 milligram/milliliter)  0.1 milligram/kilogram per hour continuous intravenous infusion (Demilligram/kilogram per hour)	ose range: 0.1-0.15
Vasoactive Agents  DOPamine in Dextrose 5% water (1.6 milligram/milliliter)  □ 10 microgram/kilogram per minute continuous intravenous infusion microgram/kilogram per minute) Titrate to keep systolic blood press DOBUTamine in Dextrose 5% water (2 milligram/milliliter)  □ 10 microgram/kilogram per minute continuous intravenous infusion microgram/kilogram per minute) Titrate to keep systolic blood press EPINEPHrine in Dextrose 5% water (0.016 milligram/milliliter)  □ 0.5 microgram/kilogram per minute continuous intravenous infusion microgram/kilogram per minute) Titrate to keep systolic blood press	sure greater than mmHg  (dose range 2-20 ssure greater than mmHg  n (dose range 0.1-1