

Patient weight:	kg
Ideal body weight	kg

First name:		Surname:		Consultant:	
Hospital No:	NHS No:	DOB:	Ward:		
			Hospital:		

<b>It is mandatory to complete this section</b>	
<b>ALLERGY STATUS:</b> Medicine / Substance	Reaction
Sign (NAME)	Date

ICU admission infusion chart – for critical care use only

Drug: <b>Propofol 2%</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>Ready diluted 20 mg/mL</b>		Start date:	Time:															
Rate: <b>0 – mL/hr</b> <b>(*max 4 milligrams/kg/hr)</b>	Target RASS:	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															
* Max PROPOFOL dose according to body weight		Body weight (kg)		45	50	55	60	65	70	75	80	85	90	95	100			
		Infusion Rate (mL/hr)		9	10	11	12	13	14	15	16	17	18	19	20			
Drug: <b>Propofol 2%</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>Ready diluted 20 mg /ml</b>		Start date:	Time:															
Rate: <b>0 – mL/hr</b> <b>(*max 4 mg /kg/hr)</b>	Target RASS:	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															
Drug: <b>Noradrenaline 80 micrograms/mL</b>		Route: <b>CVC</b>	Date:															
Suggested dilution: <b>4 mg made up to 50mL with glucose 5%</b>		Start date:	Time:															
Rate: <b>0 – 10 mL/hr</b>	Target MAP:	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															

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ICU admission infusion chart – for critical care use only

Drug: <b>Sodium Chloride 0.9%</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>Ready prepared</b>		Start date:	Time:															
Rate: <b>0 – 3mL/hr transducer flushes</b>		Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															
Drug: <b>Remifentanyl 50 micrograms/mL</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>3 mg made up to 60mL with sodium chloride 0.9%</b>		Start date:	Time:															
Rate: <b>Rate: 0 – mL/hr (max 24 micrograms/kg/hr)</b>	Target RASS:	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															
Drug: <b>Alfentanil 500 micrograms/mL</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>25 mg made up to 50mL with sodium chloride 0.9%</b>		Start date:	Time:															
Rate: <b>0 – 10 ml/hr</b>	Target RASS:	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															

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ICU infusion chart – vasopressors / inotropes - for critical care use only

Drug: <b>Noradrenaline 160 micrograms/mL</b>		Route: <b>CVC</b>	Date:																
Suggested dilution: <b>8 mg made up to 50mL with glucose 5%</b>		Start date:	Time:																
Rate: <b>0 – 10 mL/hr</b>	Target MAP:	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																
Drug: <b>Noradrenaline 320 micrograms /mL</b>		Route: <b>CVC</b>	Date:																
Suggested dilution: <b>16 mg made up to 50mL with glucose 5%</b>		Start date:	Time:																
Rate: <b>0 – 10 mL/hr</b>	Target MAP:	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																
Drug: <b>Metaraminol 500 micrograms /mL</b>		Route: <b>IV / CVC</b>	Date:																
Suggested dilution: <b>20 mg made up to 40mL with sodium chloride 0.9%</b>		Start date:	Time:																
Rate: <b>0 – 20 mL/hr</b>	Target MAP:	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																

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**Inotrope/vasopressor infusion chart - for critical care use only**

Drug: <b>Vasopressin</b>		Route: <b>CVC</b>	Date:														
Suggested dilution: <b>20 units made up to 50mL with glucose 5%</b>		Start date:	Time:														
Rate: <b>0 – 10 mL/hr</b>	Target MAP:	Stop date:	Sign:														
Signature:	Pharm	Stop sign:	Witness:														
Drug: <b>Adrenaline 80 micrograms/ml</b>		Route: <b>CVC</b>	Date:														
Suggested dilution: <b>4 mg made up to 50mL with glucose 5%</b>		Start date:	Time:														
Rate: <b>0 – 10 mL/hr</b>	Target MAP:	Stop date:	Sign:														
Signature:	Pharm	Stop sign:	Witness:														
Drug: <b>Dobutamine 5mg/mL</b>		Route: <b>CVC</b>	Date:														
Suggested dilution: <b>250 mg made up to 50mL with sodium chloride 0.9%</b>		Start date:	Time:														
Rate: <b>0 – mL/hr (*max 600micrograms /kg/hr)</b>	Target MAP:	Stop date:	Sign:														
Signature:	Pharm	Stop sign:	Witness:														
* Max dobutamine dose according to body weight	Body weight (kg)	45	50	55	60	65	70	75	80	85	90	95	100				
	Infusion Rate (mL/hr)	5.4	6	6.6	7.2	7.8	8.4	9	9.6	10.2	10.8	11.4	12.0				

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**Sedative infusion chart - for critical care use only**

Drug: <b>Fentanyl 50 micrograms/mL</b>		Route: <b>IV</b>	Date:																
Suggested dilution: <b>2.5mg made up to 50mL with sodium chloride 0.9%</b>		Start date:	Time:																
Rate: <b>0-8 ml/hr</b>	Target RASS:	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																
Drug: <b>Midazolam 1 mg/mL</b>		Route: <b>IV</b>	Date:																
Suggested dilution: <b>50 mg made up to 50mL with sodium chloride 0.9%</b>		Start date:	Time:																
Rate: <b>0 – 20 mL/hr</b>	Target RASS:	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																
Drug: <b>Clonidine 15 micrograms/mL</b>		Route: <b>IV</b>	Date:																
Suggested dilution: <b>750 micrograms made up to 50mL with sodium chloride 0.9%</b>		Start date:	Time:																
Rate: <b>0 – 10 mL/hr</b>	Target RASS:	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																

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**Sedative infusion chart - for critical care use only**

Drug: <b>Dexmedetomidine 8 micrograms/mL</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>400 micrograms made up to 50mL with sodium chloride 0.9%</b>		Start date:	Time:															
Rate: <i>[Also see protocol]</i> <b>0 – mL/hr</b> <b>(*max 1.4 micrograms/kg/hr)</b>	Target RASS:	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															
<b>* Max DEXMEDETOMIDINE dose according to body weight</b>	<b>Body weight (kg)</b>	50	55	60	65	70	75	80	85	90	95	100						
	<b>Infusion Rate (mL/hr)</b>	8.8	9.6	10.5	11.4	12.3	13.1	14.0	14.9	15.8	16.6	17.5						
Drug: <b>Morphine sulphate 1 mg/ml</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>50 mg made up to 50ml with sodium chloride 0.9%</b>		Start date:	Time:															
Rate: <b>0 – 5 mL/hr</b>	Target RASS:	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															

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### Muscle relaxant infusion chart - for critical care use only.

**\*Use Cisatracurium in ARDS at either 7-5 or 18 mL/hr depending on what concentration available\***

Drug: <b>Atracurium 10 mg/mL</b>		Route: <b>IV / CVC</b>	Date:															
Suggested dilution: <b>Ready diluted</b>		Start date:	Time:															
Rate: <b>0 – mL/hr</b> <b>(*max 780 micrograms/kg/hr)</b>		Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															
<b>* Max ATRACURIUM dose according to ideal body weight</b>	<b>Body weight (kg)</b>	45	50	55	60	65	70	75	80	85	90	95	100					
	<b>Infusion Rate (mL/hr)</b>	3.5	3.9	4.3	4.7	5.1	5.5	5.9	6.2	6.6	7	7.4	7.8					
Drug: <b>Cisatracurium 2 mg/mL</b>		Route: <b>IV / CVC</b>	Date:															
Suggested dilution: <b>Ready diluted</b>		Start date:	Time:															
Rate: <b>18 mL/hr <u>ARDS dose</u></b>		Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															
Drug: <b>Cisatracurium 5 mg /ml</b>		Route: <b>IV</b>	Date:															
Suggested dilution: <b>Ready diluted</b>		Start date:	Time:															
Rate: <b>7.5 ml/hr <u>ARDS dose</u></b>		Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:															

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## Epoprostenol

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Drug: <b>Epoprostenol</b>	Route: <b>IV</b>	Date:															
Suggested dilution: <b>100000 nanograms made up to 50ml with sodium chloride 0.9%</b>	Start date:	Time:															
Rate: <b>0 – mL/hr</b> For anticoagulation during filtration	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:														
Drug: <b>Epoprostenol</b>	Route: <b>NEB via ETT</b>	Date:															
Suggested dilution: <b>500 micrograms in 50mL buffer diluent provided</b>	Start date:	Time:															
Rate: <i>[As per protocol]</i> <b>0 – mL/hr</b> Starting rate: __ mL/hr	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:														
Drug: <b>Epoprostenol</b>	Route: <b>NEB via ETT</b>	Date:															
Suggested dilution: <b>500 micrograms in 25mL buffer diluent provided</b>	Start date:	Time:															
Rate: <i>[As per protocol]</i> <b>0 – mL/hr</b> Starting rate: __ mL/hr	Stop date:	Sign:															
Signature:	Pharm	Stop sign:	Witness:														



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### Miscellaneous

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Drug: <b>Labetalol 5 mg/mL</b>		Route:	Date:																
Concentration: <b>Ready diluted</b>		Start date:	Time:																
Rate: <b>0 – 24 mL/hr</b>		Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																
Drug: <b>Enoximone 2.5 mg/mL</b>		Route: <b>IV</b>	Date:																
Suggested dilution: <b>100 mg made up to 40mls with 0.9% sodium chloride</b>		Start date:	Time:																
Rate: <b>- mL/hr*</b>		Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witness:																
<b>*ENOXIMONE rate based on dose of 5 – 20 microgram/kg/min</b>		Body weight (kg)	45	50	55	60	65	70	75	80	85	90	95	100					
		Infusion rate (mL/hr)	5.4-21.6	6-24	6.6-24	7.2-28.8	7.8 – 31.2	8.4 – 33.6	9 - 36	9.6 -38.4	10.2 -40.8	10.8 – 43.2	11.4 – 45.6	12 - 48					
Drug: <b>Furosemide 1mg/ml</b>		Route:	Date:																
Suggested dilution: <b>50 mg made up to 50ml with sodium chloride 0.9%</b>		Start date:	Time:																
Rate: <b>mL/hr (max 4 mg / minute)</b>		Stop date:	Sign:																
Signature:	Pharm:	Stop sign:	Witness:																

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## Insulin Prescriptions

Drug: <b>Actrapid Insulin 1unit/mL</b>	Route: <b>IV</b>	Date:																		
Suggested dilution: <b>50 units made up to 50mL with sodium chloride 0.9%</b>	Start date:	Time:																		
Rate: <b>As per protocol</b>	Stop date:	Sign:																		
Signature:	Pharm	Stop sign:	Witness:																	
Drug:	Route:	Date:																		
Suggested dilution:	Start date:	Time:																		
Rate:	Stop date:	Sign:																		
Signature:	Pharm	Stop sign:	Witness:																	
Drug:	Route:	Date:																		
Suggested dilution:	Start date:	Time:																		
Rate:	Stop date:	Sign:																		
Signature:	Pharm	Stop sign:	Witness:																	