

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

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ALLERGY STATUS: Medicine / Substance	Reaction	
Sign (NAME)		Date

### ICU admission infusion chart – for critical care use only

Drug:		Route:	Date:														
Propofol 2%		IV															
Suggested dilution:		Start date:	Time:														
Ready diluted 20 mg/mL																	
Rate: 0 – mL/hr	Target RASS:	Stop date:	Sign:														
(*max 4 milligrams/kg/hr)																	
Signature:	Pharm	Stop sign:	Witness:														
* Max PROPOFOL dose	ı	Body weight (	(kg)	45	50	55		60	65	70	75	5	80	85	90	95	100
according to body weight	Inf	usion Rate (n	nL/hr)	9	10	11		12	13	14	15	5	16	17	18	19	20
Drug: Propofol 2%		Route:	Date:				·				·						
Suggested dilution: Ready diluted 20 mg /ml		Start date:	Time:														
Rate: 0 - mL/hr	Target RASS:	Stop date:	Sign:														
(*max 4 mg /kg/hr)																	
Signature:	Pharm	Stop sign:	Witness:														
Drug: Noradrenaline 80 micrograr	ms/mL	Route:	Date:														
Suggested dilution: 4 mg made up to 50mL with		Start date:	Time:														
glucose 5%													1				
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: Sodium Chloride 0.9%		Route: <b>IV</b>	Date:								
Suggested dilution: Ready prepared		Start date:	Time:								
Rate:		Stop date:	Sign:								
0 – 3mL/hr transducer flushes	S										
Signature: F	Pharm	Stop sign:	Witness:								
Drug: Remifentanil 50 micrograms/r	mL	Route:	Date:								
Suggested dilution: 3 mg made up to 60mL with sodium chloride 0.9%		Start date:	Time:								
(max 24	Target RASS:	Stop date:	Sign:								
micrograms/kg/hr) Signature:	Pharm	Stop sign:	Witness:								
Drug: Alfentanil 500 micrograms/ml	L	Route:	Date:								
Suggested dilution: 25 mg made up to 50mL with sodium chloride 0.9%		Start date:	Time:								
Rate:	Target RASS:	Stop date:	Sign:								
Signature: F	Pharm	Stop sign:	Witness:								



Patient weight:	kg
Ideal body weight	ka

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

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



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Patient weight:	kg
Ideal body weight	kg

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

Vasopressin		Route: CVC	Date:														
Suggested dilution: 20 units made up to 50mL glucose 5%	with	Start date:	Time:														
Rate: T: 0 – 10 mL/hr	arget MAP:	Stop date:	Sign:														
Signature: P	Pharm	Stop sign:	Witness:														
Drug: Adrenaline 80 micrograms	s/ml	Route: CVC	Date:														
Suggested dilution: 4 mg made up to 50mL with glucose 5%		Start date:	Time:														
Rate: T: 0 – 10 mL/hr	arget MAP:	Stop date:	Sign:														
Signature: P	harm	Stop sign:	Witness:														
Drug: Dobutamine 5mg/mL		Route: CVC	Date:														
Suggested dilution: 250 mg made up to 50mL v sodium chloride 0.9%	with	Start date:	Time:														
Rate: 0 - mL/hr (*max 600micrograms /kg/hr)	Target MAP:	Stop date:	Sign:														
	Pharm	Stop sign:	Witness:														
* Max dobutamine dose	Body weight (kg)			45	50	55	60	65	70	75	5	80	85	90	9	95	100
according to body weight	Infusi	on Rate (mL/h	r)	5.4	6	6.6	7.2	7.8	8.4	9		9.6	10.2	10.8	11	1.4	12.0



kg

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

Drug: Fentanyl 50 microgra	ms/mL	Route:	Date:									
Suggested dilution: 2.5mg made up to 50r sodium chloride 0.9%	nL with	Start date:	Time:									
Rate: 0-8 ml/hr	Target RASS:	Stop date:	Sign:									
Signature:	Pharm	Stop sign:	Witness:									
Drug: Midazolam 1 mg/mL		Route:	Date:									
Suggested dilution: 50 mg made up to 50n sodium chloride 0.9%	nL with	Start date:	Time:									
Rate: 0 – 20 mL/hr	Target RASS:	Stop date:	Sign:									
Signature:	Pharm	Stop sign:	Witness:									
Drug: Clonidine 15 microgra	ams/mL	Route:	Date:									
Suggested dilution: 750 micrograms mad 50mL with sodium ch 0.9%		Start date:	Time:									
Rate: 0 – 10 mL/hr	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</b>	8 :		Route:	Date:															
micrograms/mL																			
Suggested dilution:			Start date:	Time:															
400 micrograms m 50mL with sodium																			
0.9%	i Chio	riae																	
Rate: [Also see proto 0 – mL/hr	col]	Target RASS:	Stop date:	Sign:															
(*max 1.4 micrograms/kg/hr)	)																		
Signature:		Pharm	Stop sign:	Witness:															
* Max DEXMEDETOMIDINE	В	ody weigh	nt (kg)	50	55	60		65	7(	0	.L		80	85		90	9	5	100
dose according to body weight	Infu	usion Rate	(mL/hr)	8.8	9.6	10.	5	11.4	12	.3	13.1	1	4.0	14.9		15.8	16	.6	17.5
Drug: Morphine sulphate	e 1 m	g/ml	Route: IV	Date:											·				
Suggested dilution: 50 mg made up to sodium chloride 0		with	Start date:	Time:															
Rate: 0 – 5 mL/hr		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: Atracurium 10 mg/m	ıL	Route:	Date:																
Suggested dilution: Ready diluted		Start date:	Time:																
Rate: 0 – mL/hr (*max 780 micrograr	ns/kg/hr)	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witnes s:																
* Max ATRACURIUM dose according to	Body wei		45	50	5	5	60	65		70	75	80		85	90	g	95	100	
ideal body weight	Infusion Ra		3.5	3.9	4	.3	4.7	5.1		5.5	5.9	6.2	2	6.6	7	7	.4	7.8	
Drug: Cisatracurium 2 mg/	/mL	Route: IV / CVC	Date:			·			•			·							1
Suggested dilution: Ready diluted		Start date:	Time:																
Rate: 18 mL/hr ARDS dose	<u>e</u>	Stop date:	Sign:																
Signature:	Pharm	Stop sign:	Witnes s:																
Drug: Cisatracurium 5 mg	/ml	Route:	Date:																
Suggested dilution: Ready diluted		Start date:	Time:																
Rate: 7.5 ml/hr ARDS do	ose	Stop date:	Sign:																7
Signature:	Pharm	Stop sign:	Witnes s:																Page 7



Patient weight:	kg
Ideal body weight	kg

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#### **Epoprostenol**

Drug:	Route:	Date:													
Epoprostenol	IV						<u> </u>	<u> </u>	L i	<u> </u>			<u> </u>	· i	<u> </u>
Suggested dilution:	Start	Time:													
100000 nanograms made up	<b>o</b> date:							ļ ,	l i	ļ				۱ ۱	
to 50ml with sodium chloric	le							ļ ,	l i	I				۱ ۱	
0.9%								ļ ,	I	I				1	
Rate:	Stop date:	: Sign:							i i						
0 – mL/hr								ļ ,	l i	l				۱ ۱	
For anticoagulation during filtration									<u> </u>						
Signature: Pha	arm Stop sign:	: Witness:								l					
Drug:	Route:	Date:						ļ ,	I	I				1	
Epoprostenol	NEB							ļ ,	l i	l .				۱ ۱	
10 micrograms / mL	via ETT								<u> </u>						
Suggested dilution:	Start	Time:						ļ ,		ļ				۱ ۱	
500 micrograms in 50mL	date:							ļ ,		ļ				۱ ۱	
buffer diluent provided					<u> </u>	<u> </u>		L		<u> </u>					
Rate: [As per protocol]	Stop date:	: Sign:						ļ ,	l i	I				۱ ۱	
0 – mL/hr								ļ ,	l i	I				۱ ۱	
Starting rate: ml/hr								ļ ,	l i	I				۱ ۱	
	arm Stop sign:	: Witness:													
Drug:	Route:	Date:								·				<u> </u>	
Epoprostenol	NEB via	a								ļ				۱ ۱	
20 micrograms / mL	ETT														
Suggested dilution:	Start date	e: Time:													
500 micrograms in 25mL										ļ				۱ ۱	
buffer diluent provided															
Rate: [As per protocol]	Stop date	e: Sign:				1				_				·	7
0 – mL/hr										ļ				۱ ۱	
Starting rate: ml/hr										ļ				۱ ۱	
Signature:	nar Stop sign:	: Witness:		1	$\top$	†				<del></del>	<u> </u>	<u> </u>		<u> </u>	
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#### Miscellaneous

Labetalol 5 mg/mL		Route:	Date:															
Concentration: Ready diluted		Start date:	Time:															
Rate: 0 – 24 mL/hr		Stop date:	Sign:															
Signature: Ph	narm	Stop sign:	Witness:															
Drug: Enoximone 2.5 mg/mL		Route:	Date:															
Suggested dilution: 100 mg made up to 40mls 0.9% sodium chloride		Start date:	Time:															
Rate: - mL/hr*		Stop date:	Sign:															
Signature: Ph	narm	Stop sign:	Witness:															
on dose of 5 – 20	Body weight (kg)	45	50	55		60	6	55	70		75	80	85	5	90	9	95	100
microgram/kg/min	Infusion rate (mL/hr)	5.4-21.6	6-24	6.6-24	. 7	7.2-28.8	7.8 –	- 31.2	8.4 – 33.	6 9	9 - 36	9.6 -38.4	10.2 -	40.8	10.8 – 43.2	11.4 -	- 45.6	12 - 48
Drug: Furosemide 1mg/ml		Route:	Date:															
Suggested dilution: 50 mg made up to 50ml wi sodium chloride 0.9%		Start date:	Time:															
Rate: mL/hr (max 4 mg / minute)		Stop date:	Sign:															
Signature: Ph	harm:	Stop sign:	Witness:															



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# **Insulin Prescriptions**

Drug: Actrapid Insulin 1unit/mL	Route:	Date:									
Suggested dilution: 50 units made up to 50mL with sodium chloride 0.9%	Start date:	Time:									
Rate: As per protocol	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:									