

# EPOprostfenol (Flolan) (RESTRICTED) [1173]

## Nursing

### Nursing

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| [X] Notify ACCREDO for initiation of EPOprostfenol therapy, must verify enrollment. Dosing weight may be different from current weight . For initiation of therapy, must verify enrollment with: ACCREDO 1-866-344-4874 or CAREMARK 1-877-356-5264 for financial responsibility for home therapy. | Routine, Until discontinued, Starting S  |
| [X] EPOprostfenol (Flolan) instructions for Nursing:  | Routine, Until discontinued, Starting S<br>1. Do NOT infuse any other IV fluids or medications through Flolan line.<br>2. Do NOT draw blood from a lumen adjacent to Flolan line.<br>3. Do NOT STOP Flolan for ANY REASON without first contacting MD who ordered Flolan<br>4. DO NOT STOP Flolan for CODE without first contacting MD who ordered Flolan. |
| [X] Change ice pack to Flolan pouch   | Routine, Every 6 hours<br>Affected area:<br>Waking hours only?<br>Nurse to schedule?<br>Special Instructions:<br>Change ice pack to EPOprostfenol (Flolan) pouch every 6 hours.  |

## IV Fluids

## Medications

### Medications (Single Response)

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| ( ) epoprostenol (FOLAN) straight dose | intravenous, for 24 Hours, daily at 1400 (time critical)<br>RESTRICTED to ICU Intensivists, Pulmonology and Cardiology specialists. Are you an ICU Intensivists, Pulmonology or Cardiology specialist or ordering on behalf of one?<br>Infusion Pump Rate (mL per 24 hours): |
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## Additional Orders