

ICU Continuous Infusion Neuromuscular Blockade in Mechanically Ventilated Patients [4121]

- o Please use "ICU Continuous Sedation & Analgesia Order Set" for continuous sedation and analgesic medications.
- o For use of continuous neuromuscular blockers in therapeutic hypothermia, please use the "Adult Hypothermia Post Cardiac Arrest Order Set" for appropriate dosing and monitoring parameters.
- o DVT prophylaxis is recommended for patients on neuromuscular blockade unless clinically contraindicated.
- o Maximum recommended duration typically 48 hours. Review of necessity of neuromuscular blockers every 24 hours.

Protocol

General

Nursing

Nursing (Selection Required)

<input checked="" type="checkbox"/> RASS score must be -4 before neuromuscular blockade	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Assess	Routine, Once Assess: Critical Care Pain Observation Tool (CPOT) LESS than 2 prior to initiation of neuromuscular blockade
<input checked="" type="checkbox"/> Obtain baseline Train of Four (TOF) prior to neuromuscular blocking agent initiation (bolus & drip). Label site and use the same site every time TOF performed.	Routine, Until discontinued, Starting S Obtain baseline Train of Four (TOF) prior to neuromuscular blocking agent initiation (bolus & drip). Label site and use the same site every time TOF performed.
<input checked="" type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Obtain Train of Four (TOF) monitoring every 1 hour to achieve and maintain 2 of 4 TOF, then obtain a TOF every 4 hours. Use TOF monitoring in conjunction with clinical assessment.
<input checked="" type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S BIS Monitoring Goal of 40 to 60 for sedation.
<input checked="" type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Do not hold sedation or perform spontaneous awaken trial while patient on continuous neuromuscular blocking agent.
<input checked="" type="checkbox"/> Patient position:	Routine, Until discontinued, Starting S Position: Additional instructions: Reposition patient every 2 hours to prevent pressure ulcer.
<input checked="" type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Change IV line infusion neuromuscular blocker (cisatracurium or vecuronium) prior to extubation to ensure complete medication elimination/removal.

IV Fluids

Medications

Ophthalmic Lubricant

<input checked="" type="checkbox"/> artificial tears ointment	Both Eyes, every 4 hours Place and close patient's eyelid while on continuous neuromuscular blocking agent.
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Medications (Single Response) (Selection Required)

Dose based on Ideal body weight (IBW), unless actual body weight LESS than ideal body weight.

<input type="checkbox"/> cisatracurium (NIMbex) Continuous Infusion	"Followed by" Linked Panel
Recommended for patients with renal or hepatic failure.	

[] cisatracurium (NIMbex) infusion	1-10 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**
Initiate infusion at 1mcg/kg/min. Titrate by 0.5 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2 of 4, INCREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 10mcg/kg/min.	
() cisatracurium (NIMbex) IV Bolus and Continuous Infusion	"Followed by" Linked Panel
Recommended for patients with renal or hepatic failure.	
[] cisatracurium (NIMbex) injection	0.15 mg/kg, intravenous, once, For 1 Doses
[] cisatracurium (NIMbex) infusion	1-10 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**
Initiate infusion at 1mcg/kg/min. Titrate by 0.5 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2 of 4, INCREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.5 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 10mcg/kg/min.	
() vecuronium (NORCURON) Continuous Infusion	"Followed by" Linked Panel
Use caution in patients with renal or hepatic dysfunction	
[] vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion	0.8-1.5 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**
Initiate infusion at 0.8mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2/4, INCREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 1.5mcg/kg/min.	
() vecuronium (NORCURON) IV Bolus and Continuous Infusion	"Followed by" Linked Panel
Use caution in patients with renal or hepatic dysfunction	
[] vecuronium (NORCURON) injection	0.1 mg/kg, intravenous, once, For 1 Doses

[] vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion

0.8-1.5 mcg/kg/min, intravenous, continuous
**PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER
MEDICATION DOSED BY IDEAL BODY WEIGHT**

Initiate infusion at 0.8mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2/4, INCREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 1.5mcg/kg/min.

VTE

Labs

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