

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 today
<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 today 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 today 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 today BIS Monitoring Goal of 40 to 60 for sedation.
<input checked="" type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting today 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 today Position: Additional instructions: if (answer = elevate extremity) Extremity: if (answer = elevate foot of bed) Elevate (degrees): Reposition patient every 2 hours to prevent pressure ulcer.
<input checked="" type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting today 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.

() cisatracurium (NIMbex) Continuous Infusion

"Followed by" Linked Panel

Recommended for patients with renal or hepatic failure.

<input type="checkbox"/> 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.
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() cisatracurium (NIMbex) IV Bolus and Continuous Infusion **"Followed by" Linked Panel**

Recommended for patients with renal or hepatic failure.

<input type="checkbox"/> cisatracurium (NIMbex) injection	0.15 mg/kg, intravenous, once, For 1 Doses
<input type="checkbox"/> 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

<input type="checkbox"/> 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.
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() vecuronium (NORCURON) IV Bolus and Continuous Infusion **"Followed by" Linked Panel**

Use caution in patients with renal or hepatic dysfunction

<input type="checkbox"/> vecuronium (NORCURON) in SWFI injection 1 mg/mL	0.1 mg/kg, intravenous, once, For 1 Doses
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[] 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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