1. ALLERGIES/REACTIONS: 

2. ☑ Pharmacist consult

3. DROPERIDOL (INAPSINE) CONTRAINDICATIONS:
   - QTc Interval greater than 440 msec (males) or 450 msec (females)

4. DROPERIDOL (INAPSINE) RISK FACTORS:
   - CHF
   - Bradycardia
   - Concurrent diuretic use
   - Medications that can prolong the QTc interval
   - Hypokalemia and/or hypomagnesemia
   - Over 65 years of age
   - Alcohol abuse
   - Concurrent benzodiazepines
   - Concurrent opiates
   - Renal or liver disease

5. MONITORING (Mandatory):
   - ☑ Baseline 12-lead ECG
   - Continuous cardiac monitoring until the order for droperidol (Inapsine) is discontinued and for two hours after the last dose is given or infusion stopped.
   - Discontinue droperidol (Inapsine) for QTc interval greater than 440 msec (males) or 450 msec (females)

6. DROPERIDOL ADMINISTRATION:
   - ☑ Droperidol (Inapsine) 0.625-1.25 mg IV every 4 hours PRN nausea/vomiting
     **NO MORE THAN 1.25 MG PER DOSE**
   - ☑ Droperidol (Inapsine) infusion 0.25-0.5 mg per hour if above ineffective

7. NOTES:
   - Cases of QTc prolongation and/or torsades de pointes have been reported in patients receiving droperidol (Inapsine) at doses at or below recommended doses. Some cases have occurred in patients with no known risk factors for QTc prolongation and some cases have been fatal.
   - Due to its potential for serious adverse events, droperidol (Inapsine) should be reserved for use in the treatment of patients who fail to show an acceptable response to other antiemetic treatments, either because of insufficient effectiveness or intolerable adverse effects from those drugs.

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN’S SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Another brand of drug, identical in form and content, may be dispensed unless checked. ☑