Physician Orders

Patient Information

Height_____________________
Weight_____________________
Allergies____________________

General

Notify Provider

[X] Notify provider

Notify provider

If systolic blood pressure less than or equal to (mmHg): 90
If decline in cardiac index by (%): 10
If nebulizer overflows. Decline in PaO2/FiO2 ratio by 10%. Increased PAP by 15%.

[] Other

Nursing Interventions

[X] Nursing Flolan Responsibilities

Routine, Until discontinued, Starting today
1. Prime the tubing with Epoprostenol (Flolan) and set the infusion pump at 8ml/hour.
2. Nurse to notify pharmacy 4 hours into the infusion to order the next bag.
3. Notify pharmacy of any potential delays in administration of epoprostenol.

[] Other

Respiratory Interventions

[X] Respiratory Flolan Responsibilities

Routine, Once, Starting today
Please add additional info:
1. Supply the low flow continuous nebulizer and assist with set-up.
2. For ventilated patients: remove HME and change to heated wire circuit.
3. Administer oxygen at a flow rate of 2.5 L/minute once set-up complete.
4. Keep nebulizer upright at all times.

[] Other

Medications

Epoprostenol (Flolan)

[X] epoprostenol (FLOLAN) inhalation solution

1,000 mcg. Nebulization. Continuous
Inhaled epoprostenol (Flolan) 20,000 ng/mL 50 mL (1,000,000 ng of drug total in bag) delivered at 8 mL/hour via infusion pump into the nebulizer chamber.
Physician to write order: "Wean Epoprostenol (FLOLAN) PER PHARMACY, TO INITIATE WEANING PROCESS" Give pharmacy 2 hr notice to mix and each bag last 6 hours Routine

[] Other

Date:_______ Time:_______ Printed Name of Ordering Provider:________________________________________

Provider Signature:________________________________________________________________________

Date:_______ Time:_______ RN Acknowledged: __________________________________________

Provider Initial:______________________________