EXERCISE CAUTION IN USING THESE ORDERS IF ASSOCIATED CORONARY ARTERY DISEASE

1. □ PRIVATE ROOM
2. NUTRITION:
   □ Regular (no chocolate, MSG and aged cheese)
   ✘ Dietitian Consult for Adverse Food Reactions or Food Sensitivities
3. DO NOT AWAKEN BETWEEN MIDNIGHT AND 0600 EVEN FOR VITAL SIGNS AND LABS
4. Limit visits and phone calls to immediate family only
5. MEDICATIONS:
   Dihydroergotamine (DHE-45) Protocol As Follows:
   ✘ Metoclopramide (Reglan) 10 mg IV – wait 10-15 minutes
   - THEN dihydroergotamine (DHE-45) 0.5 mg IV over 2 minutes – wait 15-30 minutes
     - If no nausea or vomiting -
   - REPEAT dihydroergotamine (DHE-45) 0.5 mg IV over 2 minutes
     Repeat this regimen at 1000, 1600, 2200 daily.
   ✘ Ondansetron (Zofran) 4 mg IV every 8 hours PRN for unrelieved nausea/metoclopramide intolerance.
     Notify physician if nausea unrelieved. (Maximum 24 mg per 24 hours).
   ✘ Ketorolac (Toradol) 30 mg IV every 4 hours PRN
     - maximum dose 120 mg daily
     - maximum dose is 60 mg daily [greater than 65 years old, abnormal renal function (serum creatinine greater than 1.4mg/dL, or weight less than 50 kg]
     - discontinue ketorolac (Toradol) 24 hours after order is initiated and order a BMP. Further ketorolac (Toradol) dosing requires a new physician order.
     - DO NOT GIVE ketorolac if patient allergic to aspirin or other non-steroidal anti-inflammatory drug
   ✘ Chlorpromazine (Thorazine) 10 mg in 50 ml 0.9% sodium chloride (Normal Saline) IV over 15 minutes.
     May repeat times 1 dose in 30 minutes if headache persists.
     - May repeat chlorpromazine (Thorazine) regimen every 8 hours or for insomnia at bedtime
     - For headache that persists despite treatment with dihydroergotamine (DHE-45) and ketorolac (Toradol) or allergy to ketorolac (Toradol)
   ✘ Diphenhydramine (Benadryl) 25-50 mg IV every 4 hours PRN restlessness/agitation/extrapyramidal reactions to metoclopramide (Reglan) or chlorpromazine (Thorazine)
   ✘ Loperamide (Imodium) 2 mg 1-2 capsules PO PRN diarrhea, maximum of 16 mg/24 hours

Additional Medication Options:
□ Valproate Injection (Depacon) 500 mg IV daily in AM
□ Dexamethasone (Decadron) 4 mg IV four times daily times 1 day, then taper off by one dose per day

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

DATE                 TIME                          PHYSICIAN’S SIGNATURE

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