**Physician Orders**

**Patient Information**

**Flolan - Weaning**

**Medications**

<table>
<thead>
<tr>
<th>IP MED EPROSTENOL INHALED PANEL</th>
<th>&quot;Followed by&quot; Linked Panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>epoprostenol (FLOLAN) inhalation solution</td>
<td>500 mcg, Nebulization, Continuous, For 6 Hours</td>
</tr>
<tr>
<td></td>
<td>Inhaled epoprostenol (Flolan) 10,000 ng/mL 50 mL (500,000 ng of drug total in bag) delivered at 8 mL/hour via infusion pump into the nebulizer chamber until bag completed. Routine</td>
</tr>
<tr>
<td>epoprostenol (FLOLAN) inhalation solution</td>
<td>250 mcg, Nebulization, Continuous, For 6 Hours</td>
</tr>
<tr>
<td></td>
<td>Inhaled epoprostenol (Flolan) 5,000 ng/mL 50 mL (250,000 ng of drug total in bag) delivered at 8 mL/hour via infusion pump into the nebulizer chamber until bag completed. Routine</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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

Provider Signature:___________________________________________________________________________

Date:_______ Time:_______  RN Acknowledged: __________________________________________________________

Provider Initial:___________________________

**Franciscan Health System**

St. Joseph Medical Center  
St. Francis Hospital - St. Clare Hospital  
St. Elizabeth Hospital - St. Anthony Hospital  
Highline Medical Center  
Harrison Medical Center  
Franciscan Medical Group  
Harrison HealthPartners  
Regional Hospital  

**Physician Orders**