12.9.3 IV INOTROPIC Medication Administration Flow Sheet via Electronic Infusion Device (EID)

Patient	Name:				cility: Prescriber:						
Route: PICC Tunneled CVAD Non-Tunneled CVAD											
Prescriber Order: Medication: ☐Milrinone 40mg/200m			nL Dose:mcg/kg/min □Dobutamin Continuous Rate:mL/hr Duration of T					e 1000mg/250mL Dose:mcg/kg/min			
(maxWith then	imum bag " each medi	be verified & do hang time" = 24 cation bag chan to "VTBI" and e	cumented by hours), and w ge (maximum	2 Licensed Nurses with any weight-babag "hang time" =	s: Upon c sed infus 24 hour	hange to ion RATE s) - <i>BEGII</i>	the Facility (mL/hr) cha V NEW Flow	nge. / Sheet ; UN	LOCK pum	p, STOP pu	every shift change, with each bag change mp, Press "Review": "CLEAR" Total given mL, n infusion (verify infusing per Prescriber Order). Ensure Pump is LOCKED when infusing.
	SIGMA PUMP PROGRAM REVIEW			Patient ASSESSMENT							
	Press "review" button @ bottom of screen						ded every 4 h uired for any				
Date Time	Patient WEIGHT (kg)	Medication DOSE (mcg/kg/min)	Continuous RATE (mL/hr)	VTBI Remaining (mL) *Max bag "hang time" = 24 hours*	HR	ВР	Respiratory Rate	Peripheral Pulses	Lung sounds	Status of Edema* / Location	2 Nurse signatures mandatory: Upon change to the Facility EID and IV Inotropic Medevery shift change, with each bag change and with any weight-based infusion RATE (mL/hr) change
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Status of Edema*:

- 1+ 2mm depression, immediate re-bound
- 2+ 4mm depression, 10-15 seconds to rebound
- 3+ 6mm depression, may last more than 1 minute
- 4+ 8mm depression, may last more than 2 minute

Location: RLL—Right lower leg
LLL—Left lower leg
RF—Right foot
LF—Left foot

RA – Right ankle LA – Left ankle

11-15-2021