BARWON HEALTH ICU ADULT INFUSION CHART								
		Weight: (kg) Chart: of					of	
			Date weig	ghed:		<u> </u>		
Fluid Ma	aintenance & Flushes							
Date and time	nd		olume/	Rate	Prescri	ber Print name	Time	RN Signature
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BARWON HEALTH ICU ADULT INFUSION CHART

Concentration guide for ICU infusions (refer to individual PROMPT drug protocols for dosing guide and further information)

Medication	Dose in Total Volume	Concentration	Diluent	Rate	
Adrenaline (epinephrine)	3mg in 50mL 6mg in 100mL	60microg/mL	Glucose 5%	microg/min	
AmIODAROne Max dose = 1200mg in 24hours	mg in 500mL		Glucose 5% (FreeFlex bag)	mg/24hours	
Argipressin (Vasopressin)	20units in 20mL	1unit/mL	Glucose 5%	units/hr	
Dexmedetomidine	200microg in 50mL 400microg in 100mL	4microg/mL	Sodium Chloride 0.9%	microg/kg/hr	
Dobutamine	250mg in 42mL	6mg/mL	Glucose 5%	microg/min	
Dopamine	300mg in 50mL	6mg/mL	Glucose 5%	microg/min	
Glyceryl Trinitrate	25mg in 50mL 50mg in 100mL	0.5mg/mL	Sodium Chloride 0.9%	microg/min	
Isoprenaline	6mg in 100mL	60microg/mL	Glucose 5%	microg/min	
Levosimendan	12.5mg in 250mL	0.05mg/mL	Glucose 5%	microg/kg/min	
Metaraminol	20mg in 40mL	0.5mg/mL	Glucose 5%	mg/hr	
Milrinone	10mg in 50mL 20mg in 100mL	200microg/mL	Sodium Chloride 0.9%	microg/kg/min	

		ES & ADVERSE REA Unknown (tick appropriate box		1.	step patient identification process: both sections MUST be completed. WRITE PATIENT DETAILS OR AFFIX PATIENT ID LABEL R No: amily Name: DENTIFIERS PRESENT iven Names: OB: SEX M F onfirm patient identity by handwriting patient's surname here.				
	BARWON HEA	ALTH NFUSION CHART	Weight: Date weighed:	(kg)	Chart:	of		2 3	
ı	Medication	Dose in Total Volume	Concentration	Diluent		Date:			D
((*circle dose and concentration where required)				Rate range	to	Prescriber sign	n/print	
		500microg in 50mL	10microg/mL	Sodium		microg/hr			

Date: ate: Date: Date: to to to microg/hr microg/hr microg/hr microg/hr Time commenced Fentanyl* Chloride 0.9% 1000microg in 50mL 20microg/mL Prepared by sign Rate range Prescriber sign/prin Prescriber sign/pri 50mg in 50mL 1mg/mL mg/hr mg/hr mg/hr mg/hr mg/hr Sodium Midazolam* Chloride Time commenced 0.9% 100mg in 50mL 2mg/mL Prepared by sign Prescriber sign/prin Prescriber sign/prin Rate range 60mg in 60mL 1mg/mL mg/hr mg/hr mg/hr mg/hr mg/hr Sodium Morphine* Chloride Time commenced 0.9% 120mg in 60mL 2mg/mL Prepared by sign Rate range mg/kg/hr mg/kg/hr mg/kg/hr mg/kg/hr mg/kg/hr PropOFol Time commenced Max rate = 1000mg in 100mL 10mg/mL Prepared by sign 3mg/kg/hr Time commenced Prepared by sign Rate range Prescriber sign/print Prescriber sign/prin Prescriber sign/prir Prescriber sign/print Prescriber sign/pri 4mg in 66mL microg/min microg/min microg/min microg/min microg/min Noradrenaline Glucose 60microg/mL 16mg in 266mL (norepinephrine) 5% Time commenced 32mg in 532mL Prepared by sign Prescriber sign/prin Rate range APP APP APP APP APP Sodium Insulin 50units in 50mL 1unit/mL Chloride (Actrapid®) Time commenced 0.9% Prepared by sign Prescriber sign/prir Prescriber sign/prin to to Prescriber sign/prin Rate range Time commenced Prepared by sign Prescriber sign/prin Prescriber sign/prin to to Rate range Time commenced Prepared by sign Rate range Prescriber sign/prir Prescriber sign/prir Prescriber sign/pri Prescriber sign/pri Prescriber sign/pri Time commenced Prepared by sign Prescriber sign/prin Prescriber sign/print Prescriber sign/print Rate range to Prescriber sign/prin Prescriber sign/print Time commenced Prepared by sign Clinical Pharmacist Review:



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