CRITICAL CARE INTRAVENOUS MEDICATIONS CHART

DRUG NAME	OWNET	CONCENTRATION	UNIT OF MEASUREMENT	DRUG CLASS	HOW TO TERRITE
Amindarene	Non- specific	45hing / 25hind <u>DSW only</u> Case gad mits in NS	Continuous Infusion — sugississ Common done: Img/ min for 6 hrs, then 0.5 mg /min infusion	Aniaethythmic	
Benes (Bunctacide)	2-3 min.	Hong / 100ml NS Can Mile in D5W	IV Bolus Door — might Dose: 0.5 – 1 mg slow IVP ever 1-2 min or Continuous Infusion — mg bour Usual Door: 1 mg/hr or (MD perference)	Loop Disrotic	Dose ordered per MD based on UOP or PCW?
Cardiann (Diltianni)	minutes	100mg / 100 od Can mix in NS and DSW	Continuous Infusion — mg/hour Date: 5 - 15 eng/hr Titrate 5 eng/hr increments to desire effect	Ca Channel Blocker	Discrease rate 5 mg for Q 15 min to desired Heart Rate
Curdene (Nicardpine)	10 mile	20mg / 200ml 40mg / 200ml Can mix in NS and D5W	Continuous Infusion — mg/hour Dose: 2.5 – 15 mg / hour Titrate 2.5 mg/h increments Q 15 min Ratate IV infusion site Q 12 hr if given in periph. IV. If disabled need Central Line	Ca Channel Blocker	Start iii 3 mg/hr then?increase rate 2.5 mg Q 15 min. artempt to decrease; to 3 mg/hr secce IRP controlled
Chatracerlem (Nimbes)	2-3 min	200mg / 200md NS Can mix in DSW	Continuous Infusion — meg/kg/min May give IV loading dine: 0.1 meg/kg Usual Range: 1 – 10 meg/kg/min Titrate 2 meg/kg/min increments	Neuromuscular Blockade (Panlytic)	Titrate to 2 + 4 twitches on Peripheral Nerve Stimulator (TOF) or per MD enders.
Cortopum (Feroldopum)	10 min	20mg/500ml Can mix in NS and DSW	Continuous Infusion — mog/kg/min Desc: Initial 0.1 mcg/kg/min Arg. sato = 0.25 - 0.5 mcg/kg/min	Vsoodilator	Titruse 0.05 - 0.1 may kg/min increments Q05 settl target BP
Drymodetumdine (Procodes)	1,000	200mcg / Med Can mix in NS and DSW	Loading dose = 1 mag / kg ever 10 minutes Continuous Infusion - 1 mag kg for Ang rate = 0.2 - 0.7 mag kg for	Sedative (Alpha2 - Adrenergic Agonist)	Titrate 0: Imag/kg/br Q00min becrements to desired level of Sedation (Max. dose = 1.5 mag/kg/hr)
Diprivan (Propofol)	seconds	1000mg / 100 nol visil 500mg / 50 mil visil Pre-Missel	Continuous Infusion - mag/kg/sala Done: Usual range - 5-50 mag/kg/min	Conscious Sodation	Discrease 5 may kg/min Q.5 minutes based on soldation (BIS or RASS)
Debutanine	1-10 min	500mg / 250ml (Standard) Can mix in NS and D5W	Continuous Infusion - meg/kg/min Dose: 2 - 20 meg/kg/min	Visuperssor	Decrease nate 1 - 4 meg/kg/fe Q 10 minuton
Dispamiles	Smin	400mg / 250ml (Standard) Can mix in NS and DSW	Continuous Infusion - mog/kg/min Dose: 2 - 20 mog/kg/min	Vacquescer	Increase rate 1 - 4 meg/kg/le Q 10 minutes
Epinephrine	minutes	Sing / 250ml (Standard) Can mix in NS and DSW	Continuous Infusion. meg/kg/minute = OR = meg/min Could Range: 1 - 10 meg/min 0.05 - 1 meg/kg/min	Vasapressor Cardiac Stimulant	Increase 0.01 mag/kg/min Q 15 minutes. Titrate to effect desired per MD
Breviblee (Esmolol)	2-10 min	2500 mg / 250 ml Fre-Mixed	Continuous Infusion - mcg/kg/mln Dour: Usual Range = 50-200 mcg/kg/min	Antiumhythmic / Box Wocker	Usual Titration: 50mcg/kg/min increments
Foutanyl	scoreds	Img / HOnd NS (Standard) Can mix in DPW	Continuous Infusion — mog/bour Usual Range: 50 – 500 mog/br Titrate 25 mog/br increments	Naronic Analgesic	Increase rate 25 energibe based on pain control
Furnsemide (Lanix)	5 min	100mg / 100 sid or 200 mg / 200 sid Can mix in NS and DSW	IV Bolus Dose: — mg Dose: 20 - 40 mg slow IVP over 1-2 min or Continuous Infusion — mg / hr Usual Dose: 10 - 20 mg/hr or (MD prof.)	Long Discretic	Dose ordered per ND based on UOP and or PCWP

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Handbook of Critical and Intensive Care Medicine Joseph Varon, 2016-06-02 The latest edition of this handbook is a concise yet comprehensive guide for attending physicians fellows residents and students who cover the ICU The chapters follow an outline format and are divided by organ system including neurologic disorders and cardiovascular disorders and special topics such as environmental disorders trauma and toxicology The handbook includes thoroughly updated chapters from the previous edition alongside completely new material Written by an authority in the field the Handbook of Critical and Intensive Care Medicine Third Edition is a valuable one stop reference for every practitioner engaged in Critical Care Textbook of Post-ICU Medicine: The Legacy of Critical Care Robert D. Stevens, Nicholas Medicine across the world Hart, Margaret S. Herridge, 2014-05-29 Surviving critical illness is not always the happy ending we imagine for patients Many ICU survivors suffer from a range of long lasting physical and psychological issues such end stage renal disease congestive heart failure cognitive impairment neuromuscular weakness and depression or anxiety which affect their overall quality of life and ability to lead productive lives This lingering burden or legacy of critical illness is now recognized as a major public health issue with major efforts underway to understand how it can be prevented mitigated or treated The Textbook of Post ICU Medicine The Legacy of Critical Care discusses the science of the recovery process and the innovative treatment regimens which are helping ICU survivors regain function as they heal following trauma or disease Describing the major clinical syndromes affecting ICU survivors the book delineates established or postulated biological mechanisms of the post acute recovery process and discusses strategies for treatment and rehabilitation to promote recovery in the ICU and in the long term The chapters are written by an interdisciplinary panel of leading clinicians and researchers working in the field The book serves as a unique reference for general practitioners internists and nurses caring for long term ICU survivors as well as specialists in intensive care medicine neurology psychiatry and rehabilitation medicine The MGH Review of **Critical Care Medicine** Sheri Berg, Edward Bittner, 2013-11-14 The field of critical care medicine is evolving quickly To prepare for certification and refresh their knowledge today's practitioners need a concise multidisciplinary review that focuses on the core areas of critical care Ideal for critical care fellows critical care nurses residents and practitioners who spend time in the ICU The MGH Review of Critical Care Medicine employs brief chapters on focused topics to help readers The Beginner's Guide to Intensive Care Nitin Arora, Shondipon K. review core areas and test their knowledge Laha, 2018-06-14 provides an excellent introduction to the management of acute illness for all clinical staff and a solid foundation for those who choose to make ICM a fulfilling life long career From the Foreword by Julian Bion Professor of Intensive Care Medicine University of Birmingham Ideal for any medic or health professional embarking upon an intensive care rotation or specialism this simple bedside handbook provides handy pragmatic guidance to the day to day fundamentals of working in an intensive care unit often a daunting prospect for the junior doctor nurse and allied health professional

encountering this challenging environment for the first time Thoroughly updated the second edition addresses recent and future developments in a variety of areas and is now organised into easy to read sections with clearly outlined learning goals New topics added include sepsis ARDS refractory hypoxia the role of allied health professionals post ICU syndrome and follow up and consent and capacity including new DOLS guidance The book is authored by world renowned contributors and edited by established consultants in the field of intensive care medicine Manual of Pediatric Intensive Care Mr. Rohit Manglik, 2024-07-24 Covers principles and protocols of pediatric critical care including ventilation fluid therapy and **Critical Care: Just the Facts** Jesse B. Hall, Gregory A. emergency interventions ideal for pediatricians and nurses Schmidt, 2007-04-06 All the essentials of critical care in an instant This concise yet comprehensive review is the perfect tool to prepare for in service or licensing exams for re certification or for use as a clinical refresher Its highly efficient format conveniently condenses and simplifies the most important content for maximum yield and comprehension an especially important benefit for facilitating bedside diagnosis in critical care medicine FEATURES Compact review of key board type material for specialization in critical care medicine Trusted insights from a writing team of top name academics and clinicians from one of the country's preeminent critical care divisions Standardized bulleted format emphasizes key points of epidemiology pathophysiology clinical features differential diagnosis diagnosis procedures and treatment prognosis plus references Highlights and summarizes key concepts to assure quick absorption of the material and reinforce your understanding of even the most difficult topics Logical chapter organization arranged by system cardiology pulmonary system and illness trauma burns poisoning to help focus your study and provide guick access to subjects Medicine Joseph E. Parrillo, MD, FCCM,R. Phillip Dellinger, MD, MS,2013-12-05 Take the best possible care of adult critical care patients with Critical Care Medicine Principles of Diagnosis and Management in the Adult Editors Dr Joseph Parrillo and Dr Phillip Dellinger two of the most respected names in critical care medicine combine their extensive knowledge with that of hundreds of top authorities in the field to bring you expert state of the art answers to any clinical question you may face in the intensive care unit Offer your adult critical care patients the most effective care with practical evidence based guidance from many of the most trusted experts in critical care medicine Learn from the best ICU specialists worldwide with contributions from an increased number of international authorities Effectively manage common complications in the ICU with updated coverage of severe sepsis septic shock surgical infections neurogenic and anaphylactic shock severe heart failure acute coronary syndromes and Acute Respiratory Distress Syndrome Access the complete contents online at Expert Consult along with an image bank and instructional videos Critical Care Medicine Joseph E. Parrillo, R. Phillip Dellinger, 2007-12-12 Here's the most clinically oriented critical care text focusing on the adult patient In full color and superbly illustrated with clinical photographs imaging studies and management algorithms and with a broad multidisciplinary focus this text will help you enhance your skills at any level of training Stands alone as a clinically oriented

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and electrolyte abnormalities and hyper chapters focused on general topics in pediatric nephr tensive emergencies are only some of the major clinical ogy that are most germane to the care of the critically circumstances where the renal specialist is involved in ill child We have tried to look at the clinical situations the care of children admitted to the Pediatric Intensive from the aspect of both the Pediatric Intensivist and Care Unit Due to the complex and specialized care renal specialist We hope that this book will supply the required critical care nephrology could even be consid medical providers with a framework to approach the ered a separate entity compared to the clinical scenar challenges faced in practicing Pediatric Intensive Care ios treated in the outpatient setting or on the inpatient Nephrology pediatric ward **Yearbook of Intensive Care and Emergency Medicine 1997 Prof. Jean-Louis Vincent, 2013-04-17 The Yearbook compiles the most recent widespread developments of experimental and clinical research and practice in one comprehensive reference book The chapters are written by well recognized experts in the field of intensive care and emergency medicine It is addressed to everyone involved in internal medicine anesthesia surgery pediatrics intensive care and emergeny medicine

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