

Critical Care Infusion Chart

For ICU use only



First name:		Surnam	e:
Hosp. Nº.			DOB:
Consultant:	Ward:		Hosp:

It is mandatory to complete this section												
LERGY/Intolerance STATUS: Reaction	1:											
ame: (sign) Date:												
ame: (sign) Date:												

Patient Weight:	kg
Ideal Body Weight	kg

Chart of

Sedation Infusion chart

Drug: Propofol 1%		Route	Date:										
Suggested dilution:		IV	Time Sign:										
Ready diluted 10m	g/ml		Check										
Rate:			Date										
0-20ml/hr (max 4m	h/kg/hr.)	Time										
Discuss with consultant if	pt. <50kg	I	Sign Check										
Bolus dose: Target	RASS:	Signatu	re:		Start date	:	Stop date	:	Stop sign:		Pharm c	heck:	V
1-2ml													
Date: Time													
Bolus dose :				ĺ									
Sign:													
Drug: Alfentanil		Route IV	Date										
Suggested dilution: Ready diluted 25m	g/50ml		Time										
Rate:			Sign										
0-2ml/hr			Check										
		a	l.	l.						I			·
Bolus dose: Target	RASS	Signatu	re		Start date		Stop date		Stop sign		Pharm c	heck	
Bolus dose: Target 1-2ml	RASS	Signatu	re		Start date		Stop date		Stop sign		Pharm c	heck	
	RASS	Signatu	re		Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date	RASS	Signatu	re		Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date Time	RASS	Signatui	re		Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date Time Bolus dose		Route			Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date Time Bolus dose Sign:	g/ml	Route			Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date Time Bolus dose Sign: Drug: Midazolam 1m Suggested dilution:	g/ml	Route	Date		Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date Time Bolus dose Sign: Drug: Midazolam 1m Suggested dilution: Ready diluted 50m	g/ml	Route	Date Time		Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date Time Bolus dose Sign: Drug: Midazolam 1m Suggested dilution: Ready diluted 50m Rate:	g/ml g/50ml	Route	Date Time Sign Check		Start date		Stop date		Stop sign		Pharm c	heck	
1-2ml Date Time Bolus dose Sign: Drug: Midazolam 1m Suggested dilution: Ready diluted 50m Rate: 0-5ml/hr	g/ml g/50ml	Route IV	Date Time Sign Check									heck	
1-2ml Date Time Bolus dose Sign: Drug: Midazolam 1m Suggested dilution: Ready diluted 50m Rate: 0-5ml/hr Bolus dose: Target	g/ml g/50ml	Route IV	Date Time Sign Check									heck	
1-2ml Date Time Bolus dose Sign: Drug: Midazolam 1m Suggested dilution: Ready diluted 50m Rate: 0-5ml/hr Bolus dose: 1-2ml Date	g/ml g/50ml	Route IV	Date Time Sign Check									heck	
1-2ml Date Time Bolus dose Sign: Drug: Midazolam 1m Suggested dilution: Ready diluted 50m Rate: 0-5ml/hr Bolus dose: 1-2ml Date Time	g/ml g/50ml	Route IV	Date Time Sign Check									heck	



Name:	
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Vasopressor Infusion Chart

Drug		Route	Date	/						/
Noradrenaline 0.0	08mg/ml	cvc								
			Time							
Suggested Dilution		Start	Sign	/	/		/			/
4mg up to 50ml i	n Glucose 5%	Date								
			Check							
Rate	Target MAP:	Stop	Date	/						/
0-10ml/hr		Date								
			Time							
Signature	Pharm	Stop sign	Sign							/
			Check							
Drug		Route	Date							
Noradrenaline 0.	16mg/ml	CVC								
Suggested Dilution		Start Date	Time							
8mg up to 50ml i	n Glucose 5%	Date								
Rate	Target MAP:	Stop	Sign							
0-10ml/hr		date								
Signature	Pharm	Stop sign	Check							
Drug		Route	Date							
Metaraminol 0.5n	ng/ml	IV								
Suggested Dilution		Start	Time							
20mg up to 40ml	in 0.9% NaCl	Date								
Rate	Target MAP	Stop	Sign							
0-10ml/hr		Date								
Signature	Pharm	Stop sign	Check							
Drug		Route	Date							
Adrenaline 0.08m	ng/ml	CVC								
Suggested Dilution		Start Date	Time							
4mg up to 50ml i	n Glucose 5%	Date								
Rate	Target Map:	Stop Date	Sign							
0-10ml/hr		Date								
Signature	Pharm	Stop Sign	Check							
Drug:		Route	Date							
Vasopressin		cvc								
Suggested Dilution		Start	Time							
20units up to 50ml	in Glucose 5%	Date								
Rate	Target MAP	Stop	Sign							
0-6ml/hr		Date								
Signature	Pharm	Stop	Check							
-		Sign								



Name:	
Hosp. N ^{o.}	DOB:



Other Meds Infusion Chart

Othor Mode	midolon o	iidit												
Drug		Route	Date											/
Actrapid Insulin		IV	Time											
Suggested Dilution 50units up to 50m	l in 0.9% NaCl	Start Date	Sign Check											
Rate As per protocol		Stop date	Date Time											
Signature	Pharm	Stop sign	Sign Check											
Drug		Route	Date	<i>y</i>	<i>V</i>	V	<i>y</i>	/	/	/	/	<u> </u>	/	<i>V</i>
Furosemide 1mg	/ml	IV												
Suggested Dilution 50mg up to 50ml	in 0.9% NaCl	Start Date	Time											
Rate 0-10ml/hr		Stop Date	Sign											
Signature	Pharm	Stop Sign	Check											
Drug		Route	Date											
Labetalol 5mg/m	I	CVC												
Suggested Dilution		Start Date	Time											
Ready diluted		Date												
Rate 0-24ml/hr	Target BP	Stop Date	Sign											
Signature	Pharm	Stop Sign	Check											
Drug	•	Route	Date											
Enoximone 2.5m	g/ml	CVC												
Suggested Dilution 100mg up to 40 m	nl in 0.9% NaCl	Start Date	Time											
Rate 0 - ml/hr Start at 5mcg/kg/min		Stop Date	Sign											
Signature	Pharm	Stop Sign	Check											
Drug		Route	Date											
Suggested Dilution		Start Date	Time											
Rate		Stop Date	Sign											
Signature	Pharm	Stop Sign	Check											



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Drug		Route								
Sodium Chlorid	e 0.9%	IA								
Rate		Start date								
0 - 3 ml/hr										
Transducer flus	hes	Stop date								
Signature	Pharm	Stop sign								
Drug		Route								
Sodium Chlorid	e 0.9%	CVC								
Rate		Start date								
0 - 3 ml/hr										
Transducer flus	hes	Stop date								
Signature	Pharm	Stop sign								

Other Infusions

		1	1	1		1	1	1		
Drug		Route	Date							
Suggested Dilution	١	Start Date	Time							
Rate	Target BP	Stop Date	Sign							
Signature	Pharm	Stop Sign	Check							
Drug		Route	Date							
Suggested Dilution	ו	Start Date	Time							
Rate		Stop Date	Sign							
Signature	Pharm	Stop Sign	Check							
Drug		Route	Date							
Suggested Dilution	١	Start Date	Time							
Rate		Stop Date	Sign							
Signature	Pharm	Stop Sign	Check							



Name:	
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				$\overline{}$									-		$\overline{}$
Drug		Route	Date												
Dobutamine 5mg/ml		CVC	l									l'	l'	!	l!
Suggested Dilution		Start date	Time												
250mg up to 50ml	0.9% NaCI											'			
Rate 0 - ml/hr	Target MAP	Stop date	Sign												
*max 600 mcg/kg/hr												'			
Signature	Pharm	Stop sign	Check												
*Max DOBUTMAINE dose according to bodyweight		Body Weig	ht	45	50	55	60	65	70	75	80	85	90	95	100
		Rate (ml/hr)		5.4	6.0	6.6	7.2	7.8	8.4	9.0	9.6	10.2	10.8	11.4	12.0
Drug		Route	Date												
Clonidine 0.015mg/ml		IV										'	'		
Suggested Dilution: 750 micrograms up to 50ml in 0.9% NaCl		Start date	Time												
Rate	Target RASS	Stop date	Sign												
0 - 10 ml/hr												'	'		
Signature	Pharm	Stop sign	Check												
Drug		Route	Date		†										
Noradrenaline 0.32mg/ml		cvc										'	'		
Suggested Dilution		Start date	Time												
16mg up to 50ml	Glucose 5%											'	'		1
Rate	Target MAP	Stop date	Sign												
0 - 10ml/hr												'	'		1
Signature	Pharm	Stop sign	Check												

Muscle Relaxants

Drug		Route	Date													
Atracurium 10mg/ml		IV														
Suggested Dilution		Start date	Time													
Ready Diluted																
Rate 0 - ml/hr *max 780mcg/kg/hr		Stop date	Sign													
Signature	Pharm	Stop sign	Check													
*Max ATRACURIUM dose according to Ideal bodyweight		Body Weig	Body Weight		50	55	60	65	70	75	80	85	90	95	100	
		Rate (ml/hr)		3.5	3.9	4.3	4.7	5.1	5.5	5.9	6.2	6.6	7.0	7.4	7.8	
Drug		Route	Date													
Rocuronium 10mg/ml		IV														
Suggested Dilution		Start date	Time													
Ready Diluted																
Rate		Stop date	Sign													
0 - 5ml/hr																
Signature	Pharm	Stop sign	Check													