




<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  DT0017	<p>PATIENT LABEL</p>
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DATE & TIME	#	ORDERS EPOPROSTENOL (FLOLAN®) ORDER FORM
		Diagnosis: Pulmonary Hypertension
		Epoprostenol dosing weight _____ kg (dosing weight does not change)
		Epoprostenol must go through dedicated peripheral IV, central line, or Hickman catheter. Do not use epoprostenol line to draw blood or infuse other medications.
		<input type="checkbox"/> New patient
		Mix 0.5 mg epoprostenol in a 100 mL CADD cassette (concentration = 5,000 ng/mL)
		Initial dose = _____ ng/kg/min (usually 2 ng/kg/min)
		Titrate up by _____ ng/kg/min every _____ hrs (usually increased by 1 ng/kg/min every 24 hours)
		Goal dose of _____ ng/kg/min (usually 4 to 6 ng/kg/min)
		Monitor vital signs every 5 min X 3, then every 15 min X 3, then hourly after each dosage change.
		Call physician immediately if epoprostenol is interrupted, or if patient has hypotension, headache, chest pain, increased tachycardia, bradycardia, increased dyspnea, nausea/vomiting, or anxiety/agitation.
		On admission to MICU, place 2 peripheral lines. Schedule patient for 6.6 French single lumen catheter placement in Special Procedures on the day following epoprostenol initiation.
		<input type="checkbox"/> Patient already on epoprostenol
		Please interview the patient and have them answer the following four questions:
		Patient mixes _____ mg in _____ mL (Blue top vial = 0.5 mg, Red top vial = 1.5 mg)
		Patient changes epoprostenol every day at _____
		Patient's rate = _____ mL/day
		Patient's current dose = _____ ng/kg/min
		Goal dose for this admission (if known) = _____ ng/kg/min
		If additional information if needed, it may be obtained by contacting Accredo Pharmaceuticals (1-800-9FLOLAN) or Theracom (1-877-356-5264).

Physician Signature: _____ Pager: _____