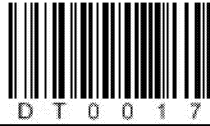




**THE UNIVERSITY
OF KANSAS HOSPITAL**

3901 Rainbow Boulevard
Kansas City, Kansas 66160

Do not write in this box



PATIENT LABEL

PHYSICIAN'S ORDER FORM

ORDERS

**TREPROSTINIL IV (REMODULIN®) ORDER FORM
DIAGNOSIS PULMONARY HYPERTENSION**

DATE & TIME #

Legend: • Bullets indicate orders will be done. Draw one line through any orders that are not needed.
□ Boxes are optional and must be checked to be considered an order.

Reference:

Attending Physician: _____ **Pager:** _____
Resident Physician: _____ **Pager:** _____

Allergies: _____

Treprostinil (Remodulin®) dosing weight _____ kg (dosing weight does not change)

1. Bed Placement on _____ Unit. (Unit 63, 65 or 66 only)
Patient Status: Inpatient Admission Observation Services Extended Recovery Services

2. **Nursing Orders:**

- Change cassette as directed below.
- On admission to Hospital, ensure the patient has two patent lines. Schedule patient for 6.6 French single lumen catheter placement in Special Procedures on the day following treprostinil initiation.
- For patients on treprostinil already please follow the nursing standards.

3. **Notify Pulmonary Critical Care Physician if:**

- Treprostinil is interrupted, or if patient has
 - headache
 - chest pain
 - nausea/vomiting
 - anxiety/agitation
 - SBP 85
 - RR > 22
 - HR > 150 or < 60

4. **Consults:**

- Pulmonary Hypertension Service

5. **Medications:**
Treprostinil is available in four different concentrations (1, 2.5, 5, and 10 mg/mL)

New Patient

- Please mix _____ mL of the _____ mg/mL in a 100 mL CADD cassette to be changed every _____ hrs (q 24 hr or q 48 hr). Please utilize q 24 hrs if rapid titration is desired.
- Initial dose = _____ ng/kg/min (usually 2 ng/kg/min)

Patient already on treprostinil

- Patient's current dose _____ ng/kg/min
- Please check one of the below delivery devices
 - Mix _____ mL of the _____ mg/mL (1, 2.5, 5, 10 mg/mL) in 100 mL CADD cassette every _____ hrs (48hrs). Patient's current rate = _____ mL/day.
 - Mix _____ mL of the _____ mg/mL (1, 2.5, 5, 10 mg/mL) in _____ mL (10 or 20 mL) Crono 5 syringe pump every _____ hrs (48 hrs). Patient's current rate = _____ microliter/hr.

Physician Signature: _____ Pager: _____ Date: _____ Time: _____

**TREPROSTINIL SQ (REMODULIN®) ORDER FORM
DIAGNOSIS PULMONARY HYPERTENSION**

(Page 1 of 1)