

| <p style="text-align: center;">High Risk Medications</p> | <p style="text-align: center;">Nursing Reminders: Providing Excellent Care *All medications require a Dual Sign off by another RN. Know that you are signing off on your 6 rights of medication administration*</p> |
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| <p>Heparin Drip</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Obtain a baseline PTT before initiating <input type="checkbox"/> Check PTT's Q6 hours. Time starts from when lab was drawn or change was made on the pump. <input type="checkbox"/> If two therapeutic PTT in a row, Check PTT every day with AM labs <input type="checkbox"/> Assess for bleeding (oral, rectal, airway, Foley etc.) <input type="checkbox"/> If the PTT is not in the correct range, has the rate been changed appropriately? <input type="checkbox"/> Hold DVT prophylaxis if on a Heparin drip |
| <p>Argatroban Drip</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Check PTT Q2 hours until steady state x2, then check daily with AM labs <input type="checkbox"/> Assess for bleeding (oral, rectal, etc.) <input type="checkbox"/> If the PTT is greater than 75, hold for 2 hours, then send another PTT and resume at half the rate. <input type="checkbox"/> If the PTT is greater than 150, hold for 2 hours then send another PTT. ONLY resume if the PTT is in range. |
| <p>3% Hypertonic Saline Drip</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 3% NaCl a central line is recommended <ul style="list-style-type: none"> <input type="checkbox"/> If rate >50mL/hr OR duration >36 hr, central line Required <input type="checkbox"/> Q2 hour sodium <input type="checkbox"/> Monitor urine output, and neuro status Q2 <input type="checkbox"/> If the sodium is below parameter-increase rate as ordered <input type="checkbox"/> If the sodium is above parameter-hold and notify MD <ul style="list-style-type: none"> <input type="checkbox"/> Can give ½ NS or D5W, DDVAP for overcorrection |
| <p>Insulin Drip /DKA protocol</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Drips require every hour blood glucose checks <input type="checkbox"/> Check to ensure the patient is on the correct IV fluids per protocol <input type="checkbox"/> Monitor potassium while on insulin gtt <input type="checkbox"/> If the drip is off, for how long? Should not be off for more than 2 hours <input type="checkbox"/> If DKA, is the patient on the appropriate order-set? (Regular insulin drip is different from DKA insulin drip) |
| <p>Paralytic Drip</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Require a sedative prior to administration <input type="checkbox"/> DO NOT titrate sedative down if the patient is paralyzed. <input type="checkbox"/> Train of 4 Q4, do not keep patient < 2of4 on TOF unless ordered <input type="checkbox"/> DO NOT decrease sedatives after initiation of paralytics (should not be titrated). <input type="checkbox"/> Keep the BIS between 40-60 (or as ordered) |

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| | <input type="checkbox"/> TOF should not be less than 2/4 unless ordered by MD |
| TPN Infusion | <input type="checkbox"/> Requires a dedicated Central line port <input type="checkbox"/> Must change IV tubing every 12 hours and use IV tubing filter |