

**INTRAVENOUS ILOPROST
PHYSICIAN ORDER SHEET**

Based on Wigley et al.
Ann Internal Med. 1994. 120(3): 199-206.
Adapted by Dr. S. Haig



NON-MEDICATION ORDERS

VITALS

- Weight _____ kg
- Vital Signs at Baseline
- Vital signs q 15 minutes for first hour of infusion, q 30 minutes for subsequent 2 hours, and q 60 minutes thereafter
- Repeat vital signs with each dose increase
- Cardiac monitoring please
- Ambulation with assist

BLOODWORK

***Dosing Protocol:**

- Start 0.5ng/kg/min
- Increase by 0.5 ng/kg/min q 30 minutes
- Max dose 2ng/kg/min
- 50 mcg iloprost in 250 cc D5 = 200ng/cc

50 kg individual:

- Start 7.5cc/hr (1500 ng/hr)
- Increase by 7.5 cc/hr (1500 ng/hr)
- Max 30 cc/hr (6000 ng/hr)

60 kg individual:

- Start 9cc/hr (1800 ng/hr)
- Increase by 9cc/hr (1800 ng/hr)
- Max 36 cc/hr (7200 ng/hr)

70 kg individual:

- Start 10.5cc/hr (2100 ng/hr)
- Increase by 10.5cc/hr (2100 ng/hr)
- Max 42 cc/hr (8400 ng/hr)

80 kg individual:

- Start 12 cc/hr (2400 ng/hr)
- Increase by 12 cc/hr (2400ng/hr)
- Max 48 cc/hr (9600 ng/hr)

DRUG ALLERGIES

List Drug	Describe Reactions/Allergies
_____	_____
_____	_____
_____	_____
<input type="checkbox"/> No known drug reaction/allergies	

MEDICATION ORDERS

- Start IV
- Mix 50 mcg iloprost in 250 cc D5W
- Start iloprost infusion at _____ cc/hr*
- Increase infusion by increments of _____ cc/hr every 30 minutes until the maximum tolerated dose is achieved
- Dose should not exceed _____ cc/hr
- Continue infusion until 250 cc mixture has infused, or for a maximum of 8 hours (whichever is achieved first)
- If side effects occur (headache, nausea, vomiting, dizziness) decrease dose to previously tolerated rate
- Repeat infusion to complete 5 days of treatment
- For infusions 2 through 5, restart at previous day's maximum tolerated rate
- SLIV after each infusion

PRN Meds

- Diphenhydramine (Benadryl®) 25 mg IV or PO q4h prn
- Acetaminophen (Tylenol®) 650 mg PO q4h prn
- Dimenhydrate (Gravol ®) 50 mg IV or PO q4h prn
- Metoclopramide (Maxeran ®) 10 mg IV or PO q6h prn

PHYSICIAN'S SIGNATURE	YR.	MO.	DAY	TIME
	PHYSICIAN'S PRINTED NAME			
PHYSICIAN'S PRINTED NAME				AUTHORIZED PHYSICIAN'S SIGNATURE