

First name:		Surname:	
Hospital No:	NHS No:	DOB:	
Consultant:		Ward:	Hosp:

Use addressograph label

It is mandatory to complete this section

<b>ALLERGY STATUS:</b> Medicine / Substance	Reaction
Sign (NAME)	Date

### A&E SEDATION INFUSION CHART

Drug: <b>Propofol 1%</b>			Route: <b>IV</b>		Date:								
Dilution: <b>Ready diluted 10 mg/mL</b>			Start date:		Time:								
Rate: <b>mL/hr (*max 4 mg/kg/hr)</b>			Stop date:		Sign:								
Signature:		Pharm		Stop sign:		Witness:							

* Max propofol dose according to body weight	Body weight (kg)	45	50	<b>&gt; 50kg consider switching to 2% propofol infusion</b>
	Infusion Rate (mL/hr)	18	20	

Drug: <b>Propofol 2%</b>			Route: <b>IV</b>		Date:								
Dilution: <b>Ready diluted 20 mg/mL</b>			Start date:		Time:								
Rate: <b>mL/hr (*max 4 mg/kg/hr)</b>			Stop date:		Sign:								
Signature:		Pharm		Stop sign:		Witness:							

* Max propofol dose according to body weight	Body weight (kg)	45	50	55	60	65	70	75	80	85	90	95	100
	Infusion Rate (mL/hr)	9	10	11	12	13	14	15	16	17	18	19	20

Drug: <b>Alfentanil</b>			Route: <b>IV</b>		Date:								
Dilution: <b>25 mg made up to 50mL with 0.9% sodium chloride</b>			Start date:		Time:								
Rate: <b>0 - 10 mL/hr</b>			Stop date:		Sign:								
Signature:		Pharm		Stop sign:		Witness:							

Drug: <b>Midazolam 1 mg/ml</b>			Route: <b>IV</b>		Date:								
Dilution: <b>50 mg made up to 50mLs with 0.9% sodium chloride</b>			Start date:		Time:								
Rate: <b>0 - 10 ml/hr</b>			Stop date:		Sign:								
Signature:		Pharm:		Stop sign:		Witness:							

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### A&E INFUSION CHART

Drug: <b>Noradrenaline 80 micrograms/mL</b>		Route: <b>CVC</b>	Date:						
Dilution: <b>4 mg made up to 50mL with glucose 5%</b>		Start date:	Time:						
Rate: <b>0 – 10 mL/hr</b>		Stop date:	Sign:						
Signature:	Pharm	Stop sign:	Witness:						

Drug: <b>Metaraminol 500 micrograms/mL</b>		Route: <b>IV / CVC</b>	Date:						
Dilution: <b>20 mg made up to 40mL with NaCl 0.9% or glucose 5%</b>		Start date:	Time:						
Rate: <b>0 – 10 mL/hr</b>		Stop date:	Sign:						
Signature:	Pharm	Stop sign:	Witness:						

Drug: <b>Isoprenaline Sulphate</b>		Route: <b>IV</b>	Date:						
Dilution: <b>2 mg made up to 500mL with 0.9% sodium chloride</b>		Start date:	Time:						
Rate: <b>0-150 ml/hr</b>		Stop date:	Sign:						
Signature:	Pharm	Stop sign:	Witness:						

Drug: <b>Dobutamine 5 mg/mL</b>		Route: <b>CVC</b>	Date:						
Dilution: <b>250 mg made up to 50ml with sodium chloride 0.9%</b>		Start date:	Time:						
Rate: <b>mL/hr (*max 600 microgrmasg/kg/hr)</b>		Stop date:	Sign:						
Signature:	Pharm	Stop sign:	Witness:						

* Max dobutamine dose according to body weight	Body weight (kg)	45	50	55	60	65	70	75	80	85	90	95	100
	Infusion Rate (mL/hr)	5.4	6	6.6	7.2	7.8	8.4	9	9.6	10.2	10.8	11.4	12

Drug: <b>Adrenaline</b>		Route: <b>CVC</b>	Date:						
Dilution: <b>4 mg made up to 50mL with glucose 5%</b>		Start date:	Time:						
Rate: <b>0 – 10 mL/hr</b>		Stop date:	Sign:						
Signature:	Pharm	Stop sign:	Witness:						

Patient weight:	kg
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