1. ALLERGIES/REACTIONS: 

2. PHYSICIAN: 

3. LEVEL OF CARE: ☑ Inpatient ICU ☑ PATIENT MUST BE ON A VENTILATOR

4. INDICATION: ☑ ICP – use Train of Four (TOF) for monitoring and titration of Neuromuscular Blockade (NMB)  
☐ Hypothermia after cardiac arrest – Use shivering assessment for monitoring and titration once temperature falls below 35°C  
☐ Other: 

5. MEDICATION:  
☐ Before initiating neuromuscular blockade, establish baseline power setting to be used to monitor patient throughout therapy, if possible. To do so, set initial setting at level 1 and press TOF pad, monitoring for response. Increase current by 1 level to maximum setting of 6 until 4 vigorous twitches occur. 

Loading Dose (Check one):  
☐ No loading dose necessary  
☐ Vecuronium (Norcuron) _________ mg/kg IV per NMB protocol (Usual Dose 0.08 – 0.1 mg/kg)  
☐ Rocuronium (Zemuron) _________ mg/kg IV per NMB protocol (Usual Dose 0.6 – 1 mg/kg)  
☐ Pancuronium (Pavulon) _________ mg/kg IV per NMB protocol (Usual Dose 0.05 – 0.1 mg/kg) 

Maintenance Infusion (Check one):  
☐ Vecuronium (Norcuron) continuous infusion 0.8-1.7 mcg/kg/minute. Start infusion at 0.8 mcg/kg/minute and titrate as needed per indication specified above (TOF vs. shivering).  
☐ Rocuronium (Zemuron) continuous infusion 10-12 mcg/kg/minute. Start infusion at 10 mcg/kg/minute and titrate as needed per indication specified above (TOF vs. shivering).  
☐ Pancuronium (Pavulon) continuous infusion 0.8 – 1.7 mcg/kg/minute. Start infusion at 0.8 mcg/kg/minute and titrate as needed per indication specified above (TOF vs. shivering).  

6. MONITORING AND TITRATION:  
NOTE: Train of Four (TOF) is not reliable once temperature falls below 35°C. If NMB used for shivering in therapeutic hypothermia, titrate until shivering stops and therapeutic temperature goal achieved and then discontinue the NMB. See Hypothermia Protocol # CC2120 for shivering assessment.  
☐ If patient already has had neuromuscular blockade and baseline cannot be determined, set to power of 1 and increase by 1 level until response obtained. May increase to maximum power of 6.  
☐ Monitoring frequency:  
1. Perform TOF 30 minutes after loading dose or after start of infusion (if no loading dose ordered)  
2. Retest TOF every 30 minutes times 4. If twitch response consistently at ordered level, may retest every 4 hours.  
   If TOF stable times 24 hours, then retest every 8 hours.  
3. Perform TOF every 30 minutes times 4 with every rate change  
4. GOAL twitch response 2/4 unless otherwise ordered by provider: 
   If twitch response = 0/4: Stop infusion until 1/4 twitch response returns. Restart infusion at 75% of previous rate.  
   If twitch response = 4/4: Rebolus with initial loading dose. Increase infusion rate by 25%.  
☐ NMB interruption daily to assess neurologic status

7. SEDATION/ANALGESIA:  
☐ Initiate ICU Sedation for Ventilated Patients Physician Order #516 
1. NMB has no analgesic or sedative properties: patient must be treated for pain and anxiety  
2. Do not interrupt continuous sedation while patient is paralyzed

8. NOTIFY PHYSICIAN FOR THE FOLLOWING:  
☐ Twitch response does not return after stopping the NMB infusion

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

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<th>DATE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked.

Franciscan Health System  
St. Joseph Medical Center, Tacoma, WA  
St. Francis Hospital, Federal Way, WA  
St. Clare Hospital, Lakewood, WA  
St. Elizabeth Hospital, Enumclaw, WA  
St. Anthony Hospital, Gig Harbor, WA

PHYSICIAN ORDERS  
NEUROMUSCULAR BLOCKADE (NMB)