

PT NAME \_\_\_\_\_

MR # \_\_\_\_\_

**Use Black or Blue Ball Point Pen  
All Entries Must Be Dated and Signed**

DATE & TIME	ORDERS	STAFF NOTES
	<input type="checkbox"/> Start drotrecogin alfa at 24 mcg/ kg/ hr X _____kg = _____mcg/ hr X 96 hours (MAXIMUM WEIGHT 227 KG)	<b>Surgical Considerations for dosing:</b> An infusion should be stopped for 2 hours prior to undergoing an invasive surgical procedure or procedures with an inherent risk of bleeding. Any remaining infusion time is added to pre-procedure duration to total 96 hours. Do not begin a new 96-hour infusion.
	Obtain initial monitoring parameters:	
	<input type="checkbox"/> PTT	
	<input type="checkbox"/> PT	Once adequate hemostasis has been achieved, initiation may be
	<input type="checkbox"/> Hemoglobin/Hematocrit	reconsidered 12 hours after major invasive procedures or surgery
	<input type="checkbox"/> Platelet count	OR restarted immediately after uncomplicated less invasive
	<input type="checkbox"/> Other _____	procedures.
	<b>Two signatures are required to order this drug.</b>	
	<b>One of the signatures must be an <u>attending/fellow</u></b>	
	<b>from the consulting service.</b>	
	<b>*If the ordering physician is the consulting</b>	
	<b>physician, one signature is required for approval.</b>	
	Ordering MD Signature _____	
	Provider number _____	
	Consulting MD Signature _____	
	<small>Attending/Fellow for Intensivist or Infectious Disease service</small>	
	Provider number _____	
	Physician Signature: _____	
	Provider Number: _____	