



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

HPHA IV DILTIAZEM (CARDIZEM) ORDER SET

CONSULTS:

VITALS/MONITORING:

- Continuous cardiac monitoring
- Vital signs every 15 minutes for 1 hour at start of infusion and with any rate change
- Vital signs every 4 hours while diltiazem infusing
- Notify MD if SBP less than _____ or heart rate less than _____

INVESTIGATIONS:

- Electrolytes
- Creatinine
- Magnesium
- CBC

IMAGING:

- Chest X-Ray; Indication: _____
- ECHO; Indication: _____

MEDICATIONS:

Bolus Doses:

- DILTIAZEM IV Initial Bolus: _____ mg over 2 minutes (suggested dose 0.25 mg/kg – max 20 mg)
IF heart rate greater than _____ and SBP greater than _____
- DILTIAZEM IV Second Bolus after 15 minutes : _____ mg over 2 minutes
(suggested dose 0.35 mg/kg – max 25 mg)

Infusion Dose/Rate:

- DILTIAZEM IV 100 mg in Dextrose 5% 100 mL (1 mg/mL)
- Initiate IV infusion at _____ mg per hour (suggested starting dose 5 mg per hour)
Infusion titration: Increase IV rate by 2.5 mg per hour every 15 minutes to a suggested maximum of 15 mg per hour **IF** SBP greater than _____ and heart rate greater than _____
- IF** SBP greater than _____ for two hours, start DILTIAZEM _____ PO every 6 hours
- Discontinue IV infusion if heart rate less than _____ for 2 hours

Other Medications: _____

FORM#0DRME022 07/19 ISBOEA

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time