



**STAT/NOW**

<b>DATE</b>	<b>TIME</b>	

**FloTrac CVVH Order Sheet**

**Protocol can only be initiated by Attending or Fellow**

**Protocol renewal requires new, signed, order sheet**

1) Increase removal rate hourly by 50cc/hr (to max of 300cc/hr) for Stroke Volume Variation SVV **less than**  13 or  \_\_\_\_\_

2) Decrease removal rate hourly by 100cc/hr for Stroke Volume Variation SVV **greater than**  13 or  \_\_\_\_\_

3) Decrease removal to 50cc/hr for MAP <  65 or  \_\_\_\_\_ mmHg call ICU Fellow Ext 6141 to restart protocol.

4) D/C protocol if pt has atrial fibrillation or frequent PVC's or PAC's and call ICU Fellow (Ext 6141)

5) D/C protocol after 24 hours and notify ICU Fellow (Ext 6141)

_____ NURSE SIGNATURE  Date: _____ Time: _____	<b>Pharmacy Scan Time:</b>  _____	Name Stamp _____ Signature _____ STAMP/PHYSICIAN SIGNATURE/BEEPER # ↓ <i>Required for countersignature on telephone/verbal orders</i> Date: _____ Time: _____
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**THE GEORGE WASHINGTON UNIVERSITY HOSPITAL**



Patient Label



PO0010

**FLOTRAC  
CVVH ORDER SHEET**