



**STAT/NOW**

DATE	TIME	
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**Protocol can only be initiated by Attending or Fellow**  
**Protocol renewal requires new, signed, order sheet**

Ideal Body Weight (Kg) (men) =  $50 + 2.3 (\text{Height}(\text{in}) - 60)$

Ideal Body Weight(Kg) (women) =  $45.5 + 2.3 (\text{Height}(\text{in}) - 60)$

Ideal body weight = \_\_\_\_\_

1) YES  NO  Initiation: Bolus 30ml/kg (IBW) = \_\_\_\_\_ ml over 30 minutes  Normal Saline  
 Lactated Ringers

2) YES  NO  Continuous: 15 ml/kg (IBW) = \_\_\_\_\_ ml q 1 hour  Normal Saline  Lactated Ringers PRN  
 for:

Stroke Volume Variation SVV **greater than**  13 or  \_\_\_\_\_

**AND**

Stroke volume Index  **less than** 40 or  \_\_\_\_\_

**AND**

Cardiac Index  **less than** 3 or  \_\_\_\_\_

3) Discontinue protocol after 12 hours and notify ICU Fellow Ext 6141

4) Discontinue protocol for atrial fibrillation or frequent PVC's and notify ICU Fellow Ext 6141

_____ NURSE SIGNATURE	Pharmacy Scan Time: _____	PHYSICIAN SIGNATURE/BEEPER # ↓ Required for countersignature on telephone/verbal orders DATE: _____ TIME: _____
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THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



PO0010

**FLOTRAC  
 RESUSCITATION  
 ORDER SHEET**

75-215 (03/10)

Patient Label