Place Patient Sticker Once on Protocol

ORIGIN ICU:
□ CTICU □ NICCU □ PICU

OPIOIDS

FORM NOT PART OF MEDICAL RECORDS

1. ***SUSTAINED OPIOID DRIP DOSE:*** Fentanyl Hydromorphone **Dose** _____

2. ***CONVERT TO WEANING MEDICATION:***
   □ Methadone (preferred for HIGH & VERY HIGH risk patients able to take enteral medications)
OR □ Hydromorphone (preferred for MODERATE risk patients or those who cannot take enteral medications)

3. ***CHOOSE RISK CATEGORY*** *(Check One):*
□ **Moderate**: 5-7 days on continuous opioids, wean 20% of the original daily dose **DAILY**
□ **High**: 8-30 days on continuous opioids, wean 20% of the original daily dose **EVERY OTHER DAY**
□ **Very High**: >30 days on continuous opioids, wean 10% of the original daily dose **EVERY OTHER DAY**

4. ***DETERMINE WEAN SCHEDULE:*** *Browse to* ***https://wpp.vpicu.net/*** and enter patient's information as above.

5. ***PRINT OUT WEANING SCHEDULE AND STAPLE TO THESE WORKSHEETS.***
* Consider holding wean for **persistent** WAT Scores ≥ 4 **and** >2 above baseline or ≥3 PRN doses per day. Too many PRN's may imply either new pain or delirium. Do NOT wean PRN doses except in VERY HIGH RISK patients after 5th wean.

6. ***IF ABORTING PROTOCOL (Pt to OR, etc) PLEASE INDICATE DATE AND REASON BELOW & RETURN TO MANAGER.***
DATE:_____ REASON FOR STOPPING PROTOCOL:_____ (e.g., pat had surgery, etc)

DATE OF ROUNDS	DECISION MADE DURING ROUNDS (check appropriate circle EACH DAY)	COMMENTS FOR 24 HRS: (e.g., PRN's not effective, convert to methadone etc)	WAT-1 SCORES 24 HRS *POST* ROUNDS:				# of Opioid PRN's
			1200	1800	0000	0600	
	PRE-WEAN BASELINE WAT-1 INITIATED						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						

PLEASE CONTINUE ON BACK OF PAGE . . .

FORM SHOULD FOLLOW PATIENT UNTIL OFF OPIOD WEAN OR DISCHARGED—RETURN TO UNIT R.N. MANAGER.

(v.6, revised 4-2017)

DATE OF ROUNDS	DECISION MADE DURING ROUNDS (check appropriate circle EACH DAY)	COMMENTS: (e.g., PRN's not effective, converting to methadone etc)	WAT-1 SCORES 24 HRS *POST* ROUNDS:				# of Opioid PRN's
			1200	1800	0000	0600	
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
PLEASE START NEW PAGE IF MORE LINES ARE NEEDED.							

FORM SHOULD FOLLOW PATIENT UNTIL OFF OPIOD WEAN OR DISCHARGED—RETURN TO UNIT R.N. MANAGER.

Place Patient Sticker Once on Protocol

ORIGIN ICU:
□ **CTICU** □ **NICCU** □ **PICU**

BENZODIAZEPINE

FORM NOT PART OF MEDICAL RECORDS

1. ***SUSTAINED BENZODIAZEPINE DOSE:*** Lorazepam Midazolam Dose _____

2. ***CONVERT TO WEANING MEDICATION:***
   □ Lorazepam (IV & PO lorazepam are 1:1 in potency)

3. ***CHOOSE RISK CATEGORY*** *(Check One):*

□ **Moderate**: 5-7 days on continuous benzodiazepine, wean 20% of the original daily dose **DAILY.**
□ **High**: 8-30 days on continuous benzodiazepine, wean 20% of the original daily dose **EVERY OTHER DAY.**
□ **Very High**: >30 days on continuous benzodiazepine, wean 10% of the original daily dose **EVERY OTHER DAY.**

4. ***DETERMINE WEAN SCHEDULE:*** *Browse to* ***https://wpp.vpicu.net/*** and enter patient's information as above.

5. ***PRINT OUT WEANING SCHEDULE AND STAPLE TO THESE WORKSHEETS.***

* Consider holding wean for **persistent** WAT Scores ≥ 4 **and** >2 above baseline or ≥3 PRN doses per day. Too many PRN's may imply either new pain or delirium. Do NOT wean PRN doses except in VERY HIGH RISK patients after 5th wean.

6. ***IF ABORTING PROTOCOL (Pt to OR, etc) PLEASE INDICATE DATE AND REASON BELOW & RETURN TO MANAGER.***

DATE:_____ REASON FOR STOPPING PROTOCOL:_____ (e.g., pat had surgery, etc)

DATE OF ROUNDS	DECISION MADE DURING ROUNDS (check appropriate circle EACH DAY)	COMMENTS FOR 24 HRS: (e.g., PRN's not effective, convert to methadone etc)	WAT-1 SCORES 24 HRS *POST* ROUNDS:				# of Benzo PRN's
			1200	1800	0000	0600	
	PRE-WEAN BASELINE WAT-1 INITIATED						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						

PLEASE CONTINUE ON BACK OF PAGE . . .

FORM SHOULD FOLLOW PATIENT UNTIL OFF BENZO WEAN OR DISCHARGED—THEN RETURN TO UNIT R.N. MANAGER.

(v.6, revised 4-2017)

DATE OF ROUNDS	DECISION MADE DURING ROUNDS (check appropriate circle EACH DAY)	COMMENTS: (e.g., PRN's not effective, converting to methadone etc)	WAT-1 SCORES 24 HRS *POST* ROUNDS:				# of Benzo PRN's
			1200	1800	0000	0600	
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
	◯ NOT Wean Day ◯ WEAN, NEW dose/freq: ◯ HOLD Wean, reason:						
PLEASE START NEW PAGE IF MORE LINES ARE NEEDED.							

FORM SHOULD FOLLOW PATIENT UNTIL OFF BENZO WEAN OR DISCHARGED—THEN RETURN TO UNIT R.N. MANAGER.

(v.6, revised 4-2017)