

Sedative and Analgesic Drugs

Patient No.

ASAP – ECMO Study

Instructions: Document any boluses during the sampling period. If the sampling is outside the stipulated time points please document the actual time

BIS**RASS****Context of PK sampling (please tick)**
Infusing new drug/drugs?
Ceasing a current drug infusion?
New Drug Name**Ceased Drug Name****Initial Bolus Dose****Initial Infusion Rate****Rate before ceasing Drug**
Boluses during the sampling period: (Specify Time)
Change in Rate of Infusion: (Specify Rate)
Sampling time points (minutes)**0****15****30****45****0****15****30****45**

Actual Time:

Actual Time:

Actual Time:

Actual Time:

Actual Time:

Actual Time:

Actual Time:

Actual Time:

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60**120****180****240****60****120****180****240**

Actual Time:

Actual Time:

Actual Time:

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Actual Time:

Actual Time:

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