

IV FLOW RATES

$$\frac{\text{mL of solution}}{\text{total hours}} = \text{mL/hr}$$

NOTE:

If the question is asking for flow rate and you're given units of mL, you need to write the answers in mL/hr!

NOTE:

mL/hr is always rounded to the nearest whole number!

What if the question is given in minutes?

Since there are 60 minutes in one hour, use this formula:

$$\frac{\text{mL of solution}}{\text{min}} \times 60 = \text{mL/hr}$$

EXAMPLE #1

Ordered: 1000 mL D5W to infuse over 3 hours. What will the flow rate be?

$$\frac{1000 \text{ mL}}{3 \text{ hr}} = 333.333 \text{ mL/hr}$$

ANSWER: 333 mL/hr
(rounded to the nearest whole number)

EXAMPLE #2

Ordered: Infuse 3 grams of Penicillin in 50 mL normal saline over 30 minutes.

$$\frac{50 \text{ mL}}{30 \text{ min}} \times 60 = 100 \text{ mL/hr}$$

ANSWER: 100 mL/hr

$$\frac{\text{mL of solution}}{\text{total minutes}} \times \text{drop factor} = \text{gtt/min}$$

NOTE:

If a drop factor is included, the question is asking for flow rate in gtt/min.

You need to write the answers in gtt/minute!

Remember our abbreviations: gtt means "drop"!

What if the question is given in hours?

Convert hours to minutes!

For example: 1 hours = 60 minutes
2.5 hours = 150 minutes

EXAMPLE #1

Ordered: 1000 mL of Lactated Ringer's to infuse at 50 mL/hour. Drop factor for tubing is a 5 gtt/mL. (Convert: 1 hour = 60 min)

$$\frac{50 \text{ mL}}{60 \text{ min}} \times 5 \text{ gtt/mL} = 4 \text{ gtt/min}$$

$50 \div 60 = 0.833 \times 5 = 4.166$
Round to the nearest whole number → 4

FINAL ANSWER: 4 gtt/min

NOTE:

Remember Rule #4! Don't round till the end!

EXAMPLE #2

Ordered: 100 mL of Metronidazole to infuse over 45 minutes. The tubing you are using has a drop factor of 10 gtt/mL.

$$\frac{100 \text{ mL}}{45 \text{ min}} \times 10 \text{ gtt/mL} = 22 \text{ gtt/min}$$

$100 \div 45 = 2.222 \times 10 = 22.222$
Round to the nearest whole number → 22

FINAL ANSWER: 22 gtt/min

NOTE:

Remember Rule #4! Don't round till the end!

mL / hour

gtt / min

Iv Flow Rate Cheatsheet

M Walker

A red circular graphic with a gradient, appearing as a stylized arrow or a light effect, positioned to the right of the author's name.

Iv Flow Rate Cheatsheet:

Dosage Calculations Made Incredibly Easy! Springhouse, 2002 This entertaining guide is now more fun more up to date and even easier to use an indispensable resource for nurses who want to take the stress out of dosage calculations New to this edition are a chapter on dimensional analysis numerous lighthearted learning aids called Cheat Sheets and Practice Makes Perfect case study questions and answers that let nurses assess their progress Contents include math basics measurement systems drug orders and administration records calculating oral topical and rectal drug dosages calculating parenteral injections and I V infusions and calculating pediatric obstetric and critical care dosages **U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES (2023-2024)** U.S. Army ,2022-12-31 CONTENTS 1 U S ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of

practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing Mary Lynn McPherson, 2009-08-24

Have you ever wondered if you calculated your patient's dosage correctly Against a backdrop of the growing scrutiny of appropriate dosages this textbook takes a fresh new approach to helping health professionals strengthen care to and possibly save the lives of patients living with pain This easy to understand and often humorous book is the most comprehensive to date on opioid calculations for pain management and palliative care It carefully walks clinicians through a five step process for performing opioid conversion calculations in the real world situations they often see The book has case examples simple charts and tables and practice problems throughout on topics such as difficult conversions for methadone fentanyl PCA and neuraxial opioid therapy conversions between routes and dosage formulations of the same opioids and different opioids titrating opioid dosages up and down to include dosage change and timing calculating doses for rescue opioid therapy Written by pain management expert Dr Mary Lynn McPherson the book gives helpful tips that practitioners should incorporate into their practices It is a must for clinicians at all levels hospice and palliative care physicians physician's assistants nurses nurse practitioners and pharmacists Clinicians will come away with more confidence in doing the calculations and higher service levels from the improvement in care

Joint Trauma System (JTS) Clinical Practice Guidelines, Over 700 total pages The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data If you are interested in learning more about the process of developing CPGs please click this link CPG Development Process This guide for CPG development will help lead you through the methods used to develop and monitor CPGs The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process

COMPLETE LIST OF CURRENT JTS CPGs

JTS CPG Documentation Process

01 December 2017 Acute Extremity Compartment Syndrome Fasciotomy 25 July 2016 Acute Respiratory Failure 23 January 2017 Airway Management of Traumatic Injuries 17 July 2017 Amputation 1 July 2016 Anesthesia 23 Jun 2016 pdf Aural Blast Injury Acoustic Trauma and Hearing Loss 12 Aug 2016 Battle Non Battle Injury Documentation Resuscitation Record 5 Dec 13 Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination 12 August 2016 Burn Care 11 May 2016 Catastrophic Non Survivable Brain Injury 27 Jan 2017 Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting 05 August

2016 Clinical Mgmt of Military Working Dogs Combined 19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip 19 Mar 2012 zip Damage Control Resuscitation 03 Feb 2017 DCoE Concussion Management Algorithm Cards pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management 27 October 2017 Emergent Resuscitative Thoracotomy 11 June 2012 Fresh Whole Blood Transfusion 24 Oct 12 Frostbite and Immersion Foot Care 26 Jan 2017 Frozen Blood 11 July 2016 High Bilateral Amputations and Dismounted Complex Blast Injury 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017 Hypothermia Prevention 20 Sept 2012 Infection Prevention in Combat Related Injuries 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016 Initial Care of Ocular and Adnexal Injuries 24 Nov 2014 Intratheater Transfer and Transport 19 Nov 2008 Invasive Fungal Infection in War Wounds 04 August 2016 Management of Pain Anxiety and Delirium 13 March 2017 Management of War Wounds 25 April 2012 Neurosurgery and Severe Head Injury 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods 04 August 2016 Orthopaedic Trauma Extremity Fractures 15 July 2016 Pelvic Fracture Care 15 March 2017 Prehospital Care 24 Nov 2014 Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter 02 August 2016 Radiology 13 March 2017 REBOA for Hemorrhagic Shock 06 July 2017 Unexploded Ordnance Management 14 Mar 2017 Urologic Trauma Management 1 Nov 2017 Use of Electronic Documentation 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting 11 June 2012 Vascular Injury 12 August 2016 Ventilator Associated Pneumonia 17 Jul 2012

2018 Joint Trauma System (JTS) Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners, 2018-10-09 Almost 1 000 total pages see index at beginning of publications for a complete list of included CPGs Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs

INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS The Joint Trauma System JTS is the Department of Defense DoD authority for the military s trauma care system The vision of the Joint Trauma System is that every Soldier Sailor Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery To achieve this vision in 2006 the JTS implemented programs for data driven trauma system development and improvement in

addition to the collection of trauma data As part of its data collection efforts the JTS maintains a registry of trauma patients who received care at medical treatment facilities MTFs Since 2007 this registry known as the DoD Trauma Registry DoDTR has documented demographic injury treatment and outcomes data for all trauma patients admitted to any DoD MTF regardless of whether the injury occurred during on going military operations and is the largest military trauma data source in the world Development of the DoDTR began during the early years of the Global War on Terror GWOt when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry known then as the Combat Trauma Registry CTR The CTR was constructed by the Center for AMEDD Strategic Studies CASS trauma related information was initially abstracted into it from paper medical records received from trauma nurse coordinators TNCs at Landstuhl Regional Medical Center LRMC in Germany Shortly after the demonstration program started the Army Surgeon General approved its transition to an operational mode leading to the formation of the Joint Theater Trauma System JTTS and eventually the Joint Trauma System JTS

FIELD MEDICAL SERVICE TECHNICIAN (FMST) - 2021 United States Marine Corps, 2020-12-31

COURSE DESCRIPTION During this 8 week course you will have a mix of classroom and field training Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care TCCC This includes familiarization with USMC organization and procedures logistics and administrative support in a field environment Additionally training will include general military subjects individual and small unit tactics military drills physical training conditioning and weapons familiarization with the opportunity to fire the M16 M4 service rifle Completion of FMST results in the student receiving Navy Enlisted Classification HM L03A See Student Material to download a copy of the Student Manual that you will use during your training

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