

Appendix A: Epoprostenol Drug Calculation Worksheet

THIS FORM SHALL BE KEPT WITH PUP SHEET OF THE PATIENT'S LOCATION UNTIL DISCHARGE AND A COPY FOR CENTRAL PHARMACY.

ONCE COMPLETED UPON DISCHARGE, FORM IS GIVEN TO THE PHARMACY CLINICAL COORDINATOR.

Product (Check Appropriate Selection)	
<input type="checkbox"/>	F100, Flolan [®] (Non-Formulary and conversion to Veletri [®] , Diluted with pH12 or ph10.5 Epoprostenol Diluent)
<input type="checkbox"/>	EPAC, Veletri [®] (Formulary) Veletri Package Insert

Dosing Weight: _____ kg (not current weight)

Reviewed patient information available on the shared pharmacy drive

Phone Call Information			
Company to Contact	<input type="checkbox"/> Accredo Therapeutics 1-866-344-4874 (1-866-FIGHT PH)		
	<input type="checkbox"/> CVS Caremark 1-877-242-2738		
	Other Company Name:		Phone Number:
Name of Contact		Time of Phone Call	am/pm
Confirm Dosing Weight	kg	Dose	ng/kg/min
Concentration			ng/mL
Pump Rate			mL/24 hrs
Mixing Instructions			
Additional Information			

Confirmed Calculations with Epoprostenol Excel Calculator on pharmacy website

<http://health.uconn.edu/pharmacy/staff-references/epoprostenol-and-treprostinil/>

Written Calculations			
Note: 1mg is equivalent to 1,000,000 nanograms (ng)			
Dosing Weight: _____ kg X Dose: _____ ng/kg/min X 60 minutes X 24 hours = _____ ng/24 hours			
_____ ng/24 hours ÷ 1,000,000 = _____ mg/24 hours			
Round up mg/24 hours to the nearest whole vials in multiples of 1.5mg to give _____ mg/100mL (_____ mg/mL)			
Strength of Vials		Number of Vials	
Rate Calculation:	_____ mg/24 hours ÷ _____ mg/mL = _____ mL/24 hours		

Confirmed information with patient and patient's home cassette

Patient's Home Cassette Information			
Strength of Vials		Number of Vials	
Volume infused over 24 hours	mL/24 hours		

Staff	Print Name/Signature	Date	Time
Pharmacist			am/pm
2 nd Pharmacist			am/pm
Nurse			am/pm