Arrhythmia: Atrial Fibrillation/Flutter   [1663]

General

Nursing

Vital Sign

[X] Telemetry	**"And" Linked Panel**
[X] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[X] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
[X] Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: Notify attending if oxygen saturation is less than 92%

Activity

[X] Strict bed rest	Routine, Until discontinued, Starting S
[ ] Bed rest with bedside commode	Routine, Until discontinued, Starting S Bathroom Privileges: with bedside commode
[ ] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
[ ] Ambulate with assistance	Routine, 3 times daily Specify: with assistance
[ ] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated

Diet

[ ] Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet- Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] Diet- Renal	Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

[ ] Diet 2000 Kcal/225 gm Carbohydrate		Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[ ] NPO		Diet effective now, Starting S NPO: Pre-Operative fasting options:
[ ] NPO effective midnight except meds and ice chips		Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds,Except Ice chips Pre-Operative fasting options:
[ ] NPO - except meds and ice chips		Diet effective now, Starting S NPO: Except Ice chips,Except meds Pre-Operative fasting options:

Labs

Labs: STAT

[ ] CBC hemogram	STAT For 1 Occurrences
[ ] Prothrombin time with INR	STAT For 1 Occurrences
[ ] Partial thromboplastin time	STAT For 1 Occurrences
[ ] Alcohol level, blood	STAT For 1 Occurrences
[ ] Basic metabolic panel	STAT For 1 Occurrences
[ ] Digoxin level	STAT For 1 Occurrences
[ ] Hepatic function panel	STAT For 1 Occurrences
[ ] Magnesium	STAT For 1 Occurrences
[ ] T4, free	STAT For 1 Occurrences
[ ] TSH	STAT For 1 Occurrences
[ ] Troponin	STAT For 1 Occurrences
[ ] Urine drugs of abuse screen	STAT For 1 Occurrences

IV Fluids

Electrolyte Replacement

Potassium Replacement

For potassium level less than 3.4

[ ] oral potassium replacement - 40 mEq		**"Or" Linked Panel**
[ ] potassium chloride (K-DUR) CR tablet		40 mEq, oral, once, For 1 Doses Recheck level 4 hours after dose and reapply orders if needed
[ ] potassium chloride (KAYCIEL) 10 % solution		40 mEq, oral, once, For 1 Doses Recheck level 4 hours after dose and reapply orders if needed
[ ] peripheral line IV - potassium 20 mEq		10 mEq, intravenous, for 60 Minutes, every 1 hour, For 2 Doses Total dose of 20 mEq; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
[ ] central line IV - potassium 20 mEq		20 mEq, intravenous, for 60 Minutes, once, For 1 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.

Magnesium Replacement

For magnesium level less than 2.0

[ ] magnesium sulfate IV	2 g, intravenous, once, For 1 Doses
[ ] magnesium oxide (MAG-OX) tablet	400 mg, oral, 2 times daily

Antiarrhythmic Medications

Medications

[ ]	digoxin (LANOXIN) IV loading and maintenance	**"Followed by" Linked Panel**
	[ ] digoxin (LANOXIN) loading dose	intravenous, once, For 1 Doses
	[ ] digoxin (LANOXIN) maintenance	0.25 mg, intravenous, every 6 hours, Starting H+6 Hours, For 2 Doses Hold for heart rate less than 60
[ ]	digoxin (LANOXIN) 0.125 mg tablet	0.125 mg, oral, daily Hold for heart rate less than *** beats per minute.
[ ]	diltiazem (CARDIZEM) IV bolus and infusion	
	[ ] diltiazem (CARDIZEM) injection	0.25 mg/kg, intravenous, for 2 Minutes, once, For 1 Doses
	[ ] diltiazem (CARDIZEM) injection	0.35 mg/kg, intravenous, for 2 Minutes, once PRN, if first loading dose toelrated but desired response not obtained Administer 15 minutes after initial loading dose as needed - Desired response 20% reduction in heart rate from baseline or heart rate less than or equal to 100 systolic blood pressure greater than or equal to 100 millimeters of mercury.
	[ ] diltiazem (CARDIZEM) infusion	5 mg/hr, intravenous, continuous
[ ]	diltiazem CD (CARDIZEM CD) 24 hr capsule	120 mg, oral, daily Hold for heart rate less than *** beats per minute. Systolic blood pressure less than *** millimeters of mercury. HOLD parameters for this order: Contact Physician if:
[ ]	diltiazem (CARDIZEM) tablet	30 mg, oral, every 6 hours scheduled Hold for heart rate less than *** beats per minute. Systolic blood pressure less than *** millimeters of mercury. HOLD parameters for this order: Contact Physician if:
[ ]	metoprolol (LOPRESSOR) injection	5 mg, intravenous, for 1-2 Minutes, every 15 min, For 3 Doses Hold for systolic blood pressure less than *** millimeters of mercury, heart rate less than *** beats per minute. HOLD parameters for this order: Contact Physician if:
[ ]	metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800 Start 15 minutes after last IV dose if given. Hold for systolic blood pressure less than *** millimeters of mercury, heart rate less than *** beats per minute. HOLD parameters for this order: Contact Physician if:
[ ]	metoprolol (LOPRESSOR) injection	5 mg, intravenous, every 15 min PRN, high blood pressure, Heart rate greater than ***, For 3 Doses Hold for systolic blood pressure less than *** millimeters of mercury, heart rate less than *** beats per minute. Call MD if patient does not respond. HOLD parameters for this order: Contact Physician if:
[ ]	metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily at 0600 Hold for heart rate less than *** beats per minute. Systolic blood pressure less than *** millimeters of mercury. HOLD parameters for this order: Contact Physician if:

amIODarone (CORDArone) 24-hour Infusions (Hard STOP)   (Single Response)

( )	CENTRAL Line: amIODarone (CORDArone) 150 mg BOLUS followed by 24-hour Infusion for Atrial Fibrillation	**"Followed by" Linked Panel**
	[ ] amIODarone (CORDArone) 150 mg BOLUS	150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation. Use 0.2 Micron Filter Tubing for administration.
	[ ] amIODarone (CORDArone) 900 mg/ 250 mL NS	1 mg/min, intravenous, continuous, Starting H+10 Minutes

	Order	Details
[ ]	REDUCE rate for amIODarone (CORDArone) 900 mg/ 250 mL infusion	0.5 mg/min, intravenous, continuous, Starting H+6 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.

( ) PERIPHERAL Line: amIODarone (CORDArone) 150 mg BOLUS followed by 24-hour Infusion for Atrial Fibrillation **"Followed by" Linked Panel**

	Order	Details
[ ]	amIODarone (CORDArone) 150 mg BOLUS	150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation.
[ ]	amIODarone (CORDArone) 450 mg/ 250 mL infusion	1 mg/min, intravenous, continuous, Starting H+10 Minutes Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.
[ ]	REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL infusion	0.5 mg/min, intravenous, continuous, Starting H+6 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.

( ) NO BOLUS - Central Line: amIODarone (CORDArone) 24-hour Infusion for Atrial Fibrillation **"Followed by" Linked Panel**

	Order	Details
[ ]	amIODarone (CORDArone) 900 mg/ 250 mL NS	1 mg/min, intravenous, continuous Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Use 0.2 Micron Filter Tubing for administration.
[ ]	REDUCE rate for amIODarone (CORDArone) 900 mg/ 250 mL NS	0.5 mg/min, intravenous, continuous, Starting H+6 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.

( ) NO BOLUS - Peripheral Line: amIODarone (CORDArone) 24-hour Infusion for Atrial Fibrillation **"Followed by" Linked Panel**

	Order	Details
[ ]	amIODarone (CORDArone) 450 mg/ 250 mL infusion - 1st bag	1 mg/min, intravenous, continuous, Starting H Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.
[ ]	REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL infusion	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. Do not take down 1st infusion until entire content of bag is infused.
[ ]	amIODarone (CORDArone) infusion solution -2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infuson for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.

amIODarone (PACErone) tablet
You MUST be sure the oral tablet order is set to start TOMORROW with the start time set to 24 hours AFTER the start time of the INITIAL infusion order above.

	Order	Details
[ ]	amIODarone (PACERONE) tablet **** You MUST CHANGE the START DATE to TOMORROW and set the Start TIME to be 24 hours after the Start Time of the Infusion	oral, every 24 hours, Starting H+24 Hours amiodarone (Pacerone) tablets must start 24 hours after the start of the infusion order.

Anticoagulation

Warfarin (Single Response)

( )	Warfarin Management with Pharmacy Consult CPOE	
[ ]	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[ ]	Prothrombin time with INR	STAT For 1 Occurrences
( )	Warfarin (COUMADIN) - NO Pharmacy Consult CPOE	
[ ]	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
[ ]	Notify Physician for INR GREATER than 4	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium less than (mEq/L): PT/INR greater than: PT/INR less than: PTT greater than: PTT less than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: Sodium less than: WBC greater than: WBC less than: Other Lab (Specify):
[ ]	STAT CBC with platelet and differential	STAT For 1 Occurrences
[ ]	STAT Prothrombin time with INR	STAT For 1 Occurrences
[ ]	Routine Prothrombin time with INR - AM Draw	AM draw For 1 Occurrences
[ ]	For SNF Units - Prothrombin time with INR every 7 days	Weekly, Starting S For Until specified

Heparin (Single Response)

( )	Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
( )	Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE) - with titration boluses	STAT, Until discontinued, Starting S Heparin Indication: Specify: Give initial Bolus Monitoring: Anti-Xa

Aspirin and Enoxaparin (LOVENOX)

[ ]	aspirin chewable tablet	162 mg, oral, daily at 1700 (TIME CRITICAL)
[ ]	aspirin tablet	325 mg, oral, daily at 1700 (TIME CRITICAL)
[ ]	enoxaparin (LOVENOX) injection (Single Response)	
( )	CrCl greater than or equal to 30 mL/min	1 mg/kg, subcutaneous, every 12 hours scheduled
( )	CrCl less than 30 mL/min	1 mg/kg, subcutaneous, daily at 1700 (TIME CRITICAL)

rivaroxaban (XARELTO) Oral Tablet (Single Response)

CrCl greater than 50 mL/min: 20 mg oral daily at 1700
CrCl 15-50 mL/min: 15 mg oral daily at 1700

( )	rivaroxaban (XARELTO) tablet for Atrial Fibrillation Patients	**"And" Linked Panel**

All orders for rivaroxaban (XARELTO) require a Pharmacy Consult. Do not remove the attached consult order.

[ ]	rivaroxaban (XARELTO) tablet	15 mg, oral, daily at 1700 (TIME CRITICAL) Indications: Atrial Fibrillation
[ ]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
[ ]	Basic metabolic panel	Once For 1 Occurrences
[ ]	CBC hemogram	Once For 1 Occurrences
[ ]	Prothrombin time with INR	Once For 1 Occurrences
[ ]	Partial thromboplastin time, activated	Once For 1 Occurrences

dabigatran (PRADAXA) Oral Capsule (Single Response)
CrCl greater than 30 mL/min: 150 mg oral 2 times daily
CrCl 15-30 mL/min: 75 mg oral 2 times daily

( )	dabigatran (PRADAXA) capsule for Atrial Fibrillation Patients	**"And" Linked Panel**

All orders for dabigatran (PRADAXA) require a Pharmacy Consult. Do not remove the attached consult order.

[ ]	dabigatran etexilate (PRADAXA) capsule	oral, 2 times daily Indications: Atrial Fibrillation
[ ]	Pharmacy consult to monitor dabigatran (PRADAXA) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
[ ]	Basic metabolic panel	Once For 1 Occurrences
[ ]	CBC hemogram	Once For 1 Occurrences
[ ]	Prothrombin time with INR	Once For 1 Occurrences
[ ]	Partial thromboplastin time, activated	Once For 1 Occurrences

apixaban (ELIQUIS) Oral Tablet (Single Response)
1 or no risk factors: 5 mg oral 2 times daily
2 or more risk factors: 2.5 mg oral 2 times daily

Risk Factors:
1. Age greater than or equal to 80
2. Weight less than or equal to 60 kg
3. SCr greater than or equal to 1.5 mg/dL

( )	apixaban (ELIQUIS) tablet for Atrial Fibrillation Patients	**"And" Linked Panel**

All orders for apixaban (ELIQUIS) require a Pharmacy Consult. Do not remove the attached consult order.

[ ]	apixaban (ELIQUIS) tablet	oral, 2 times daily Indications: Atrial Fibrillation
[ ]	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation
[ ]	Basic metabolic panel	Once For 1 Occurrences
[ ]	CBC hemogram	Once For 1 Occurrences
[ ]	Prothrombin time with INR	Once For 1 Occurrences
[ ]	Partial thromboplastin time, activated	Once For 1 Occurrences

VTE

Cardiology Imaging

ECG

[X] ECG 12 lead	STAT, Once For 1 Occurrences Clinical Indications: Cardiac Arrhythmia Interpreting Physician: Baseline ECG if not already completed
[X] ECG 12 lead	Routine, Conditional Frequency For 1 Occurrences Clinical Indications: Cardiac Arrhythmia Interpreting Physician: Conditional x 1 for recurrent arrhythmia. Notify Attending.
[ ] ECG 12 lead tomorrow	Routine, Once, Starting S+1 For 1 Occurrences Clinical Indications: Interpreting Physician:

ECHO

[ ] Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging
[ ] Echocardiogram transesophageal	Routine, 1 time imaging

Stress Test

[ ] Myocardial perfusion	Routine, 1 time imaging

X-ray

[X] Chest 2 Vw	Routine, 1 time imaging For 1

Respiratory

Respiratory

[X] Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Device 2: Device 3: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia

Consults

Physician Consult

[ ] Consult Cardiology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

Consent

Consent

[ ] Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

Additional Orders