Arrhythmia- Supraventricular [1666]

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:

Notify Physician

[X] Notify Physician (Specify)	STAT, Until discontinued, Starting S, Notify physician for heart rate GREATER than 140 bpm OR LESS than 40 bpm.

Labs

Labs- STAT

[ ] 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

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 Medication

Medications

[ ]	digoxin 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 oral loading and maintenance	**"Followed by" Linked Panel**
[ ]	digoxin (LANOXIN) tablet loading dose	500 mcg, oral, daily, For 2 Doses
[ ]	digoxin (LANOXIN) tablet maintenance dose	125 mcg, oral Hold for heart rate less than 60
[ ]	digoxin (LANOXIN) 0.125 mg tablet	0.125 mg, oral, daily Hold for heart rate less than 60 beats per minute.
[ ]	diltiazem bolus and infusion	
[ ]	diltiazem (CARDIZEM) initial loading dose	0.25 mg/kg, intravenous, for 2 Minutes, once, For 1 Doses
[ ]	diltiazem (CARDIZEM) repeat loading dose	0.35 mg/kg, intravenous, for 2 Minutes, once PRN, if first dose tolerated but desired response not obtained Administer over 2 minutes 15 minutes after initial loading dose as needed if first dose tolerated, but desired response not obtained. (20% reduction in heart rate from baseline or heart rate less than or equal to 100) and systolic blood pressure greater than 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:
[ ]	verapamil (CALAN) tablet	80 mg, oral, every 8 hours scheduled
[ ]	verapamil (ISOPTIN) injection	intravenous
[ ]	metoprolol (LOPRESSOR) 5 mg IV push	5 mg, intravenous, for 1-2 Minutes, every 5 min PRN, high blood pressure, 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 4 hours 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 succinate XL (TOPROL-XL) 24 hr tablet	oral, daily at 0600 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:
[ ]	propafenone (RHTHYMOL) tablet	150 mg, oral, every 8 hours scheduled
[ ]	flecainide (TAMBOCOR) tablet	100 mg, oral, every 12 hours scheduled
[ ]	sotalol (BETAPACE) tablet + Pharmacy Consult	**"And" Linked Panel**

Orders for sotalol (BETAPACE) require a Pharmacy Consult. Do not remove the attached consult order.

[ ] sotalol (BETAPACE) tablet	oral, 2 times daily at 0600, 1800 Initiation of therapy is RESTRICTED to Cardiology specialists. Continuation of home therapy is not restricted to Cardiology specialist. Please attest that these restrictions are met: HOLD parameters for this order: Hold Parameters requested HOLD for: Systolic BP LESS than 100 mmHg,Heart Rate LESS than 60 bpm Contact Physician if:
[ ] Pharmacy consult to monitor sotalol (BETAPACE) therapy	STAT, Until discontinued, Starting S

Infusions - Select for CENTRAL or Peripheral Line Administration (Single Response) (Selection Required)

( ) CENTRAL Line Administration (Single Response)

( ) Loading Dose and Maintenance Infusion (Single Response)

Select Standard or Double concentration

( ) Standard

[ ] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation- NOT HMWB **"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.
[ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, Starting H+10 Minutes
[ ] REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL NS	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. Do not take down 1st infusion until entire content of bag is infused.
[ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 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.

[ ] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation-HMWB ONLY **"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 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous, Starting H+10 Minutes
[ ] REDUCE rate for amIODarone (CORDArone) 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. Do not take down 1st infusion until entire content of bag is infused.
[ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 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.

( ) Double

[ ] CENTRAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by DOUBLE concentration 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.	
[ ] amIODarone (CORDArone) 900 mg/ 250 mL NS	1 mg/min, intravenous, continuous, Starting H+10 Minutes	
[ ] 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.	

( ) Maintenance Infusion (Single Response)

Select Standard or Double Concentration

( ) Standard

[ ] NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - NOT HMWB		**"Followed by" Linked Panel**
[ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous	
[ ] REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL NS	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. Do not take down 1st infusion until entire content of bag is infused.	
[ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 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. Do not take down 1st infusion until entire content of bag is infused.	
[ ] NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - HMWB Only		**"Followed by" Linked Panel**
[ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous	
[ ] REDUCE rate for amIODarone (CORDArone) 360 mg/ 200 mL NS	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. Do not take down 1st infusion until entire content of bag is infused.	
[ ] amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 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. Do not take down 1st infusion until entire content of bag is infused.	

( ) Double (Single Response)

( ) NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) Double Concentration 24-hour Infusion for Atrial Fibrillation		**"Followed by" Linked Panel**
[ ] 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.	

[ ] 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.

( ) Peripheral Line Administration (Single Response)

( ) Loading Dose and Maintenance Infusion

[ ] PERIPHERAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by 24-hour Infusion for Atrial Fibrillation -NOT HMWB (Selection Required) **"Followed by" Linked Panel**

[ ] amIODarone (CORDArone) 150 mg LOADING Dose	150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation.
[ ] amIODarone (CORDArone) 450 mg/ 250 mL infusion - 1st bag	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, once, Starting H+6 Hours, For 1 Doses REDUCE Rate to 0.5 mg/min. Do not take down 1st infusion until entire content of bag is infused.
[ ] amIODarone (CORDArone) 450 mg/ 250 mL infusion - 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.

[ ] PERIPHERAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by 24-hour Infusion for Atrial Fibrillation -HMWB ONLY (Selection Required) **"Followed by" Linked Panel**

[ ] amIODarone (CORDArone) 150 mg LOADING Dose	150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation.
[ ] amIODarone (CORDArone) 360 mg/ 200 mL infusion - 1st bag	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) infusion	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses REDUCE Rate to 0.5 mg/min. Do not take down 1st infusion until entire content of bag is infused.
[ ] amIODarone (CORDArone) 360 mg/ 200 mL infusion - 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.

( ) Maintenance Infusion

[ ] NO LOADING DOSE - Peripheral Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation **"Followed by" Linked Panel**

[ ] 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.

[ ] NO LOADING DOSE - Peripheral Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - HMWB Only **"Followed by" Linked Panel**

[ ] amIODarone (CORDArone) 360 mg/ 200 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. Use 0.2 Micron Filter Tubing for administration
[ ] REDUCE rate for amIODarone (CORDArone) 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. Use 0.2 Micron Filter Tubing for administration

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.

[ ] 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.

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required) **"Or" Linked Panel**

[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

[ ] promethazine (PHENERGAN) IV or Oral or Rectal **"Or" Linked Panel**

[ ] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IV or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral (Selection Required)	**"Or" Linked Panel**
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) IVPB or Oral or Rectal	**"Or" Linked Panel**
[ ] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[ ] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[ ] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Anticoagulation

Cardiology Imaging

ECG

[ ] ECG 12 lead	STAT, Once Clinical Indications: Interpreting Physician:
[ ] ECG 12 lead tomorrow	Routine, Once, Starting S+1 For 1 Occurrences Clinical Indications: Interpreting Physician:
[ ] ECG 12 lead if HR greater than 140	STAT, Conditional Frequency For 1 Occurrences Clinical Indications: Tachycardia Interpreting Physician: Conditional to be released for heart rate greater than 140. Notify Attending.

ECHO

[ ] Echocardiogram complete w contrast and 3D if needed	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?

Additional Orders