



HT: \_\_\_\_\_ cm

WT: \_\_\_\_\_ kg

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
			Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient

### Post CV Surgery Diltiazem Atrial Fibrillation Protocol

**\*\*Do NOT use in heart failure patients\***

RESTRICTION	NOT for use in heart failure patients For use only with the CABG PostOp Caretrack  <u>Guidelines:</u> Intended for patients who, within 72 hours of open-heart surgery, experience <ul style="list-style-type: none"><li>– Sudden onset of atrial fibrillation (confirmed by 12-lead ECG) AND</li><li>– Accompanied by either ventricular response &gt;120 beats per minute (bpm) lasting greater than 30 minutes <b>OR</b> symptoms such as lightheadedness, chest pain, dyspnea, dizziness or hypotension.</li></ul>
PHARMACIST	1. Input diltiazem bolus and drip with 72 hour automatic stop but do not send unless nurse requests. 2. Place in NOTE field: "call Rx for dose if patient develops afib (per protocol)."
NURSING	1. Monitor patient for atrial fibrillation signs and symptoms. 2. Initiate protocol per guidelines (above), and place completed copy of protocol in orders section of the medical record. 3. Call pharmacy for diltiazem drip when needed.

#### DO NOT USE IN HEART FAILURE PATIENTS

Give Diltiazem 0.25 mg/kg IV over 2 minutes (maximum dose = 20 mg).

After 15 minutes:

1. If HR < 120 bpm, start Diltiazem infusion at 10 mg/hour.
2. If HR > 120 bpm and SBP > 100 mmHg, rebolus with Diltiazem 0.35 mg/kg IV (maximum dose = 25 mg).  
Then, after 15 minutes,
  - a. Start Diltiazem infusion at 10 mg/hour.
  - b. If HR > 120 bpm and SBP > 100 mmHg, may increase diltiazem infusion in 5 mg increments, up to 20 mg/hour
3. **If HR < 120 bpm for at least 2 hours, start Diltiazem 60 mg po q6h and discontinue infusion 2 hours after first oral dose.**
4. If HR > 120 bpm after 4 hours, call the Cardiologist.  
  
Call cardiologist if still symptomatic and/or:  
SBP < 100 mmHg,  
ventricular response > 120 bpm at maximum dose,  
diltiazem not tolerated,  
chest pain
5. Discontinue Diltiazem infusion when patient converts to sinus rhythm OR if patient has adverse effects from Diltiazem (e.g., AV block, bradycardia, hypotension, decreased cardiac output).
6. Notify Cardiologist during rounds in AM after initiation of protocol.
7. Patient is to remain on Cardiac Surgery Pathway and participate in all activities, including cardiac rehabilitation, if not symptomatic.

Initiated per order of Dr. \_\_\_\_\_ / \_\_\_\_\_ **RN**