Physician Orders ADULT: Atrial Fib/Flutter Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☑ Initiate Powerplan Phase
Phase: Atrial Fib/Flutter Phase, When to Initiate:_____

Atrial Fib/Flutter Phase
Non Categorized

☐ Add To Problem List
Problem: Atrial fibrillation

☐ Add To Problem List
Problem: Atrial flutter

☐ Add To Problem List
Admission/Transfer/Discharge

☐ Patient Status Initial Inpatient
T;N, Admitting Physician: _____
Reason for Visit:_____
Bed Type: _____ Specific Unit: _____
Care Team: _____ Anticipated LOS: 2 midnights or more

☐ Patient Status Initial Outpatient
T;N, Attending Physician: _____
Reason for Visit:_____
Bed Type: _____ Specific Unit: _____
Outpatient Status/Service OP-OBSERVATION Services

☐ Notify Physician-Once
Notify: physician, Notify For: room number upon arrival to unit

Vital Signs

☐ Vital Signs
Monitor and Record T,P,R,BP, q4h(std)

☐ Vital Signs
Monitor and Record T,P,R,BP, q6h(std)

Activity

☐ Out Of Bed
Up Ad Lib

☐ Bedrest w/BRP
Food/Nutrition

☐ American Heart Association Diet

☐ Consistent Carbohydrate Diet

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Caloric Level: 1800 Calorie

Patient Care

☑ INT Insert/Site Care
q4day

☐ Educate/Instruct
Method Topic: atrial fib

☐ Educate/Instruct
Method: Topic: congestive heart failure

☐ Telemetry

Medications

Digoxin

☐ digoxin
0.5 mg, Injection, IV Push, once, STAT

☐ **+6 Hours** digoxin
0.25 mg, Injection, IV Push, once, Routine

☐ digoxin
0.5 mg, Tab, PO, once, STAT

☐ **+6 Hours** digoxin
0.25 mg, Tab, PO, once, Routine

☐ **+1 Hours** digoxin
0.125 mg, Injection, IV Push, QDay, Routine

☐ **+1 Hours** digoxin
0.125 mg, Tab, PO, QDay, Routine

Calcium Channel Blockers

☐ **+1 Hours** diltiazem 12 hour extended release
120 mg, ER Capsule, PO, bid, Routine

☐ **+1 Hours** diltiazem 24 hour extended release
120 mg, ER Capsule, PO, QDay, Routine

☐ **+1 Hours** verapamil
80 mg, Tab, PO, bid, Routine

☐ **+1 Hours** verapamil
120 mg, ER Tablet, PO, QDay, Routine

☐ **+1 Hours** verapamil
5 mg, Injection, IV Push, q10min, PRN Other, specify in Comment, Routine
Comments: PRN ventricular rate greater than 120 sustained, not to exceed 20 mg in 1 hr

☐ **+1 Hours** diltiazem 125mg/D5W for infusion (IVS)*
Dextrose 5% in Water
100 mL, IV, Routine, Titrate

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> *Comments: Initial Rate: 5 mg/hr; Titration Parameters: 2.5 mg/hr as often as every 15 min to keep HR less than 110 bpm and maintain SBP greater than 90 mm Hg; Max Rate: 15 mg/hr; Conc: 1 mg/mL*
>
> diltiazem (additive)
> > *125 mg, 25 mL, EB*

Beta Blockers

- ☐ **+1 Hours** metoprolol tartrate
  25 mg, Tab, PO, bid, Routine
- ☐ **+1 Hours** atenolol
  25 mg, Tab, PO, QDay, Routine

Anticoagulants/Antiplatelets

- ☑ VTE MEDICAL Prophylaxis Plan(SUB)*
- ☐ **+1 Hours** aspirin
  325 mg, DR Tablet, PO, QDay
- ☐ **+1 Hours** warfarin
  5 mg, Tab, PO, QDay, Routine
- ☐ **+1 Hours** enoxaparin
  1 mg/kg, Injection, Subcutaneous, q12h, Routine
  For CrCl <30ml/min order dose below:(NOTE)*
- ☐ **+1 Hours** enoxaparin
  1 mg/kg, Injection, Subcutaneous, QDay, Routine, CrCl<30ml/min
  Comments: CrCl < 30 ml/min

Antiarrhythmics

- ☐ **+1 Hours** amiodarone
  150 mg, Injection, IV Piggyback, once, Routine, (infuse over 10 min)
- ☐ **+1 Hours** amiodarone 450mg infusion (IVS)*
  Sodium Chloride 0.9%
  > *250 mL, IV, Routine, See Comments*
  > *Comments: Infuse at 1 mg/min (33 mL/hr) for 6 hours, then decrease rate to 0.5 mg/min (17 mL/hr).*
  amiodarone (additive)
  > *450 mg*
- ☐ **+1 Hours** sotalol 80 mg oral tablet
  80 mg, Tab, PO, bid, Routine

Laboratory

- ☐ BMP
  Routine, T;N, once, Type: Blood
- ☐ Magnesium Level
  Routine, T;N, once, Type: Blood

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☐ CBC
   Routine, T;N, once, Type: Blood

☐ Lipid Profile
   Routine, T+1;0400, once, Type: Blood
       Comments: fasting

☐ Troponin-I
   STAT, T;N, once, Type: Blood

☐ CK
   STAT, T;N, once, Type: Blood

☐ Troponin-I
   Routine, T;N, once, Type: Blood

☐ CK
   Routine, T+1;0400, once, Type: Blood

☐ Troponin-I
   Time Study, T;N, q3h x 3 occurrence, Type: Blood

☐ CK
   Time Study, T;N, q3h x 3 occurrence, Type: Blood

☐ PT/INR
   Routine, T+1;N, qam, Type: Blood

☐ PTT
   Routine, T+1;N, qam, Type: Blood

☐ BNP
   Routine, T;N, once, Type: Blood

☐ BNP Pro
   Routine, T;N, once, Type: Blood

Diagnostic Tests

☐ EKG
   Start at: T;N, Priority: Routine

☐ Chest 1 View
   T;N, Routine, Portable

☐ Chest 2 Views
   T;N, Routine, Stretcher

Consults/Notifications/Referrals

☐ Pharmacy Consult - Warfarin Dosing

_____ _____ _____ _____
Date   Time   Physician's Signature   MD Number

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*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order