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