



## Physician Orders ADULT

## Order Set: Amiodarone Protocol Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<input checked="" type="checkbox"/> [R]	Amiodarone Protocol Orders. T;N	
<b>NOTE: Patient must be in an emergency department, intensive care area or cardiac telemetry unit.</b>		
<b>NOTE: Contraindications: cardiogenic shock, severe sinus bradycardia, 2nd or 3rd degree AV block (w/o pacemaker), or severe sinus node dysfunction.</b>		
<b>Patient Care</b>		
<input type="checkbox"/> [ ]	Nursing Communication	T;N, Amiodarone Protocol: Patient must be on a monitor while receiving amiodarone.
<b>Respiratory Care</b>		
<input type="checkbox"/> [ ]	Carbon Monoxide Diffusing Capacity (Pulmonary Function w DLCO)	T;N Routine, Special Instructions: once patient taking PO amiodarone
<b>Continuous Infusions</b>		
<input type="checkbox"/> [ ]	amiodarone(amiodarone 450 mg/250 mL-D5% intravenous solution)	450 250 mg/mL, IV, Routine, T;N, Comment: Begin after initial bolus. Infuse at 1 mg/min (33 mL/hr ) for 6 hours, then decrease rate to 0.5 mg/min ( 17 mL/hr ). Patient must be on monitor while on amiodarone and amiodarone must be infused through an in-line filter.
<b>Medications</b>		
<input type="checkbox"/> [ ]	amiodarone	150 mg, Injection, IV Piggyback, once, ( infuse over 10 min ), Comment: Initial Bolus
<b>Laboratory</b>		
<input type="checkbox"/> [ ]	Comprehensive Metabolic Panel (CMP)	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/> [ ]	Magnesium Level	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/> [ ]	TSH	Routine, T+1;0400, once, Type: Blood
<input type="checkbox"/> [ ]	T4 Total	Routine, T+1;0400, once, Type: Blood
<b>Consults/Notifications</b>		
<input type="checkbox"/> [ ]	Consult Clinical Pharmacist (Pharmacy Consult)	Start at: T+2;0800, Reason: Review for IV to PO conversion of Amiodarone after 48 hours. Special Instructions: If the patient is taking other PO meds then stop the infusion and order 400 mg PO bid.
<input type="checkbox"/> [ ]	Notify Physician - Once	T;N, Notify: _____, Reason: When Patient is taking PO Amiodarone to be sure "Pulmonary Function w DLCO" test is ordered before discharge.

Date

Time

Physician's Signature

MD Number

