



attach patient label

Physician Orders

Plan: Dofetilide (New Start) Protocol Orders

[X or R] = will be ordered unless marked out.

ADULT

Height: _____ cm Weight: _____ kg

Allergies: _____ [] No known allergies

[] Latex allergy [] Other: _____

NOTE: Protocol is restricted to Cardiologists and Electrophysiologists ONLY.

Medications

ECG Monitoring for New Start Dofetilide:

An Electrocardiogram will automatically be ordered and timed for 2 hours after each administration time for the first six Dofetilide administrations.

The ECG orders will display on the Order Profile as each dofetilide administration is documented.

Choose one of the Dofetilide orders below:

NOTE: Normal Renal Function (CrCl greater than 60 mL/min)

[] Dofetilide 500 mcg, Cap, PO, bid, Comment: Administer at 0600 and 1800.

NOTE: Impaired Renal Function (CrCl 40- 60 ml/min)

[] Dofetilide 250 mcg, Cap, PO, bid, Comment: Administer at 0600 and 1800.

NOTE: Impaired Renal Function (CrCl 20- 39 ml/min)

[] Dofetilide 125 mcg, Cap, PO, bid, Comment: Administer at 0600 and 1800.

Laboratory

[R] Basic Metabolic Panel Time Study, T;N, q24h X 3 day, Type: Blood

[R] Magnesium Level Time Study, T;N, q24h X 3 day, Type: Blood

Diagnostic Tests

NOTE: The below Electrocardiogram(s) will be ordered by rule for 2 hours after each administration time for the first six Dofetilide administrations.

[] Electrocardiogram T;0800, Priority: Routine, Reason: Other, specify. Comment: Order 2 hours after each dose of dofetilide.

[] Electrocardiogram T+1;0800, Priority: Routine, Reason: Other, specify. Comment: Order 2 hours after each dose of dofetilide.

[] Electrocardiogram T+2;0800, Priority: Routine, Reason: Other, specify. Comment: Order 2 hours after each dose of dofetilide.

[] Electrocardiogram T;2000, Priority: Routine, Reason: Other, specify. Comment: Order 2 hours after each dose of dofetilide.

[] Electrocardiogram T+1;2000, Priority: Routine, Reason: Other, specify. Comment: Order 2 hours after each dose of dofetilide.

[] Electrocardiogram T+2;2000, Priority: Routine, Reason: Other, specify. Comment: Order 2 hours after each dose of dofetilide.

Consults/Notifications

[R] Pharmacy Consult - Dofetilide Reason for consult: Dofetilide, Special Instructions: Refer to Dispensing Guidelines

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

PT Dofetilide (New Start) Protocol Orders 23060-QM1116-121516

