Methodist ℠
Le Bonheur Healthcare

Physician Orders ADULT: ED Atrial Fibrillation Plan

ED AFib Diagnostic Orders Phase
Patient Care

☐ Intermittent Needle Therapy Insert/Site Care
T;N, Routine, q4day

☐ Vital Signs
T;N, Routine

☐ O2 Sat Spot Check-NSG
T;N, Stat

☐ O2 Sat Monitoring NSG
T;N, Stat

Nursing Communication

R Nursing Communication
T;N, Discontinue ALL Phases of the ED Atrial Fibrillation Plan if patient is admitted. KEEP any active orders for Heparin and/or Diltiazem infusions.

Diagnostic Tests

☑ EKG
Start at: T;N, Priority: Stat, Reason: Chest Pain/Angina/MI (DEF)*
Comments: Within 10 minutes of arrival.
Start at: T;N, Priority: Stat, Reason: Arrhythmia/Dysrhythmia
Comments: Within 10 minutes of arrival

☑ Chest 1 VW
T;N, Reason for Exam: Arrhythmia, Stat

Urgent Cardioversion Phase
Patient Care

If patient has any of the following present, synchronize, shock and order heparin below.1. Heart failure exacerbation2. Symptomatic hypotension3. Ongoing cardiac ischemia4. Symptomatic angina If present, sedate and synchronize shock at 200J; Repeat at 300J and 360J if needed.(NOTE)*

Laboratory

☑ CBC
STAT, T;N, once, Type: Blood, Nurse Collect

☑ ED Troponin-I
STAT, T;N, once, Type: Blood, Nurse Collect

☑ BMP
STAT, T;N, once, Type: Blood, Nurse Collect

☑ Magnesium Level
STAT, T;N, once, Type: Blood, Nurse Collect

☑ CK
STAT, T;N, once, Type: Blood, Nurse Collect

☑ PT/INR
STAT, T;N, once, Type: Blood, Nurse Collect

☐ TSH
STAT, T;N, once, Type: Blood, Nurse Collect

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☐ T4 Free
        STAT, T;N, once, Type: Blood, Nurse Collect

☐ D-Dimer Quantitative
        STAT, T;N, once, Type: Blood, Nurse Collect

☐ Drug Abuse Screen Urine
        STAT, T;N, once, Type: Urine, Nurse Collect

Consults/Notifications/Referrals

For any patient with atrial fibrillation for LESS than 48 hours, consult cardiology/electrophysiology service immediately for pharmacological or electrical cardioversion.(NOTE)*

☐ Physician Consult
        T;N, Reason for Consult: Cardiology/Electrophysiology service for Pharmacological or electrical cardioversion of atrial fibrillation

Care Sets/Protocols/PowerPlans

if patient does NOT have any heart failure exacerbation, symptomatic hypotension, angina or ongoing cardiac ischemia AND the atrial fibrillation has duration of MORE than 48 hours, order heparin below if no contraindications present and proceed to Rate Control Strategies.(NOTE)*

☐ Heparin Cardiology Protocol Orders(SUB)*

Electrolyte Replacement Phase
Medications

Use orders below to achieve potassium level greater than 4 and magnesium level greater than 2.(NOTE)*
If patient is on dialysis or CrCl less than 30, consider reducing doses.(NOTE)*

☐ magnesium sulfate
        4 g, IV Piggyback, IV Piggyback, N/A, PRN Hypomagnesemia, Routine, (infuse over 4 hr)
           Comments: Give if serum magnesium is less than or equal to 1.5mg/dL Request dose from pharmacy (ED Only)

☐ magnesium sulfate
        2 g, IV Piggyback, IV Piggyback, N/A, PRN Hypomagnesemia, Routine, (infuse over 2 hr)
           Comments: Give if magnesium level is 2-1.6mg/dL. Request dose from pharmacy (ED Only)

☐ potassium chloride
        40 mEq, IV Piggyback, IV Piggyback, N/A, PRN Hypokalemia, Routine, (for 0, (infuse over 4 hr)
           Comments: Give if potassium level is less than 3.5 mmol/L. Run at 10 mEq/hr. Request dose from pharmacy (ED Only)

☐ potassium chloride
        20 mEq, IV Piggyback, IV Piggyback, N/A, PRN Hypokalemia, Routine, (for 0, (infuse over 2 hr)
           Comments: Give if potassium level is 4-3.5 mmol/L. Request Dose from pharmacy (ED Only)

Rate Control Strategy - Step 1 Phase
Medications

If patient does NOT have any of the following:1.   Heart failure exacerbation2.   Symptomatic hypotension3.   Symptomatic angina4.   Ongoing cardiac ischemia Order appropriate rate of Rate Control Strategy below, beginning with diltiazem:(NOTE)*

☐ diltiazem
        5 mg, Injection, IV Push, N/A, Routine

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Comments: Loading Dose - infuse over 2 min   (ED Only)

☐ diltiazem
> *10 mg, Injection, IV Push, N/A, Routine*
> *Comments: Loading Dose - infuse over 2 min   (ED Only)*

☐ diltiazem
> *20 mg, Injection, IV Push, N/A, Routine*
> *Comments: Loading Dose - infuse over 2 min   (ED Only)*

☐ diltiazem 125 mg/D5W infusion
> *125 mg / 125 mL, IV, titrate*
> *Comments: Start at 5mg/hr and titrate dose by 5 mg/hour every 15 mins to a maximum dose of 15 mg/hr until HR less than 110.If goal HR not achieved with max diltiazem rate of 15mg/hr for 30 minutes, notify MD*

Rate Control Strategy - Step 2 Phase
Medications

If goal HR (HR < 110) is NOT achieved with Diltiazem at maximum dose of 15mg/hr for 30 minutes   BUT SBP is LESS THAN 100, CONTINUE diltiazem and order digoxin below:(NOTE)*

☐ metoprolol tartrate 1 mg/mL injectable solution
> *5 mg, Injection, IV Push, q5min, (for 3 dose)*
> *Comments: Total dose 15 mg. Check HR and SBP after each dose (ED Only)*

AND(NOTE)*

☐ digoxin
> *0.25 mg, Injection, IV Push, q4h, Routine, (for 4 dose)*
> *Comments: Total dose of 1mg. (ED Only)*

☐ digoxin
> *0.25 mg, Injection, IV Push, q4h, Routine, (for 2 dose)*
> *Comments: Total dose of 0.5mg for ESRD or CrCl less than 15 ml/min (ED Only)*

 If goal HR (HR < 110) is NOT achieved with Diltiazem at maximum dose of 15mg/hr for 30 minutes and SBP > 100, CONTINUE dilitazem and order metoprolol and digoxin below:(NOTE)*

☐ digoxin
> *0.25 mg, Injection, IV Push, q4h, Routine, (for 4 dose)*
> *Comments: Total dose of 1mg. (ED Only)*

☐ digoxin
> *0.25 mg, Injection, IV Push, q4h, Routine, (for 2 dose)*
> *Comments: Total dose of 0.5mg for ESRD or CrCl less than 15 ml/min (ED Only)*

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

*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

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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