

STANDING ADMISSION ORDERS ATRIAL FIBRILLATION

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry ICU

Place in Observation Services: Med/Surg Telemetry

Diagnosis: Atrial Fibrillation Continuous Paroxysmal Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Cardiology: _____
 Other: _____

Allergies:

Code Status: Full DNR

Vital Signs: Per unit protocol Every shift q _____ hours
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only

Nursing: Daily weight Intake & Output Foley to drainage
 Pulse oximeter Every shift Twice a day Continuous overnight monitor
 Compression Hose (TED)
 Sequential Compression Device (SCD)
 Glucose checks AC and q HS or q _____ hrs
 Other: _____

Diet: Regular NPO 2 gm low sodium
 Clear liquid Full liquid Cardiac
 Carbohydrate Controlled
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%. May DC if O2 sat more than 93% on RA.
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be placed in chart



Weight Based heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)
 Insulin Infusion Protocol (ICU patients only)

Labs: Troponin (STAT, repeat 90 min, and 12 hour) CPK Myoglobin
 BMP CMP BNP Magnesium ABG
 Fasting lipid profile TSH
 Free T4 UA CBC Digoxin level
 Other Labs: _____

Studies: (If LVEF less than 40%, implement CHF Protocol)

C Xray Portable PA/Lateral
 EKG
 STAT EKG PRN with chest pain or palpitations
 Echocardiogram Dr. _____ to read
 24 hour Holter Monitor
 Other: _____

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

<h3>TOWN & COUNTRY HOSPITAL</h3> <p>6001 Webb Road - Tampa, Florida 33615 - (813) 888 - 7060</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box)

- Diltiazem (Cardizem) 0.25 mg/kg loading dose (max 0.20 mg) IV over 5 minutes, then start drip at 10 mg/hr
If patient older than 65 years or actual body weight less than 60 kg., reduce loading dose to 15 mg and start drip at 5 mg/hr.
- Diltiazem CD (Cardizem CD) 120 mg 180 mg 240 mg 300 mg PO daily
- Metoprolol (Lopressor) 50 mg PO twice daily 100 mg PO, twice a day
- Metoprolol XL (Toprol XL) 50 mg PO daily 100 mg PO daily 200 mg PO daily
- Digoxin (Lanoxin) 0.5 mg IV bolus, followed by 0.25 mg in 6 hrs and 12 hrs. Then 0.125 mg 0.25 mg PO daily.
- Amiodarone (Cordarone) 150 mg in 100ml Dextrose 5% Water IV, infuse
over 10 minutes, then 1 mg per minute IV for 6 hours then 0.5 mg per minute IV for 18 hrs.
- Procainamide (Procan, Procanbid) 15 mg/kg IV loading dose at 20 mg per minutes, then 2 mg 3 mg 4 mg per minute.
- Procainamide (Procan, Procanbid) 500 mg PO every 2 hours x 2 doses, followed by _____ mg PO every 12 hours.
- Propafenone (Rythmol) 150 mg PO 225 mg PO 300 mg PO, every 8 hours
- Ibutilide (Convert): greater than 60 kg. infuse 1 mg over 10 minutes, repeat if not converted
less than 60 kg. infuse 0.01 mg/kg over 10 minutes, repeat if non converted.
- Esmolol (Brevibloc) 500 micrograms/kg bolus infused over 1 minute, followed by 50 micrograms/kg per minute maintenance infusion
- Enoxaparin (Lovenox) 40mg subcutaneous every 24 hrs (renal dosing)
- Warfarin (Coumadin) _____mg PO daily
- Lorazepam (Ativan) 0.5 mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN as needed for mild to moderate anxiety
- Famotidine (Pepcid) 20 mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40 mg IV once daily PO once daily
- Nicotine _____mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting



Standard Medication: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO q 4 hr PRN mild pain or temp greater than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO PRN constipation
- Maalox 30 ml PO PRN heartburn

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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