

NORTH VISTA ADMISSION ORDERS ATRIAL FIBRILLATION

Admitting Physician: _____ Date: _____ Time: _____
 Admit to Inpatient: Med/Surg Telemetry ICU
 Place in Observation Services: Med/Surg Telemetry Other _____
 Diagnosis: Atrial Fibrillation Continuous Paroxysmal Other: _____
 Condition: Stable Guarded Critical Good Fair Poor
 Consult: Cardiology: _____
 Contacted: Other: _____
 Allergies:

Code Status: Category I (full code) Category II

Vital Signs Per unit protocol Every shift Every _____ hours
 Call for Temp greater than 101.5, SBP less than 100 or greater than 180, DBP less than 60 or greater than 100, RR greater than 28, HR less than 60 or greater than 120 Pulse oximeter Every shift

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

Nursing: Daily weight Intake & Output Foley to drainage
 Compression Hose (TED)
 Sequential Compression Device (SCD)
 Glucose checks AC and every HS or every _____ hrs (every 6 hrs when NPO)
 Other: _____

Diet: Regular Mechanical soft Restrict fluid _____ Sodium restricted _____ mg
 Cardiac/Heart Healthy Diabetic (specify) _____ calorie Renal/Kidney
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock Flush every shift and PRN
 Other: _____

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

Labs: Cardiac enzymes (CPK, CPK-MB, Troponin)
 BMP Now In AM CMP Now In AM CBC Now In AM Magnesium
 ABG Fasting lipid profile TSH Free T4 UA PT/INR now daily
 PTT 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
 24 hour Holter Monitor Other: _____


Emergency Physician Signature: _____ Date: _____ Time: _____

These are covering orders that are written to give the patient continuing treatment once admitted. The admitting Physician accepted this patient to his/her service and assumed care of the patient at the time these orders were completed. If the Admitting Physician does not sign the Physician's Order Sheet within 24 hours, Nursing will contact Admitting Physician and obtain an order to continue or stop the ER orders.

Admitting Physician Signature: _____ Date: _____ Time: _____

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:	

	1409 East Lake Mead Blvd. North Las Vegas, NV 89030 (702) 649-7711	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box)

- Diltiazem CD (Cardizem CD) _____ mg PO daily.
- Metoprolol (Lopressor) _____ mg PO every 12 hours
- Metoprolol XL (Toprol XL) _____ mg PO every day
- Digoxin (Lanoxin) 0.5 mg IV bolus, followed by 0.25 mg in 6 hrs and 12 hrs. Then _____ mg PO daily.
- Procainamide (Procan, Procanbid) _____ mg PO every 12 hours.
- Heparin 25,000 units in 250ml D5W per Protocol
- Give 5000 unit bolus and start infusion at 1000 units per hour
- aPTT after 6 hrs
- Adjust Heparin Infusion Rate per each aPTT result, and repeat aPTT, as follows:

aPTT	IV Bolus	Stop Infusion	Change Infusion Rate by	Repeat aPTT
under 50	3000 units	0	increase by 200 units/hr	in 6 hrs
50 - 59	0	0	increase by 100 units/hr	in 6 hrs
60 - 85	0	0	NO CHANGE	next AM
86- 100	0	0	decrease by 100 units/hr	next AM
101 - 120	0	30 minutes	decrease by 200 units/hr	in 6 hrs
Above 120		60 minutes	decrease by 200 units/hr	in 6 hrs

- Heparin 5000 units subcutaneous every 8hrs
- Enoxaparin (Lovenox) 40 mg subcutaneous daily
- Warfarin (Coumadin) _____ mg PO daily
- Famotidine (Pepcid) 20 mg IV twice daily PO twice daily
- Esomeprazole (Nexium) 40mg IV daily
- Omeprazole (Prilosec) 20mg PO daily
- Nicotine 21 mg topical patch apply daily (for smokers)
- Lorazepam (Ativan) 0.5 mg 1 mg PO IV every 6hrs PRN as needed for mild to moderate anxiety

ICU Patients Only

- Diltiazem (Cardizem) 0.25 mg/kg loading dose (max.20 mg) IV over 5 minutes, then start drip at 10 mg/hr.
If patient older than 65 years or actual body weight under 60 kg, reduce loading dose to 15 mg and start drip at 5 mg/hr.
- Amiodarone (Cordarone) 150 mg in 100 ml 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.
- Lidocaine _____ mg IV bolus then _____ mg per minute continuous IV infusion
- Procainamide (Procan, Procanbid) 15 mg/kg IV loading dose at 20 mg per minute, then _____ (2 to 4) mg per minute continuous IV infusion
- Ibutilide (Corvert): over 60 kg, infuse 1 mg over 10 minutes, repeat if not converted.
under 60 kg, infuse 0.01 mg/kg over 10 minutes, repeat if not converted.
- Esmolol (Brevibloc) 500 micrograms/kg bolus infused over 1 minute, followed by 50 micrograms/kg per minute maintenance infusion.




Electrolyte Replacement (If BUN and Creatinine normal)

- KCl 20 mEq Rider IV over 4 hrs if K+ is 3.5-3.9
- KCl 40 mEq (2 x 20 mEq Riders) IV over 4 hrs if K+ less than 3.5
- Magnesium Sulfate 2 gm Rider IV over 2 hrs if MG++ less than 1.8
- Sodium Phosphate 10 mMol Rider IV over 8 hours if PO4 less than 2.5

Standard Medications:

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp over 101F
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain
- Temazepam (Restoril) 15 mg PO every HS PRN sleep. May repeat dose once in one hour if no results. Prochlorperazine (Compazine) 5 mg IV every 6 hr PRN nausea/vomiting
- Docusate sodium (Colace) 100 mg PO every HS
- MOM 30 ml PO every HS PRN constipation
- Maalox 30 ml PO every 4 hrs PRN heartburn

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