



PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED		ATRIAL FIBRILLATION/ATRIAL FLUTTER ORDERS	TIME ORDER NOTED
Date	Time		
		ADMIT TO <input type="checkbox"/> CCU <input type="checkbox"/> PCU	
		TELEMETRY	
		BEDREST WITH BATHROOM PRIVILEGES	
		BEDREST WITH BEDSIDE COMMODO	
		AHA DIET, 2000 ML/24 HOURS ORAL FLUID RESTRICTION	
		2000 CAL ADA DIET, 2000 ML/24 HOURS ORAL FLUID RESTRICTION	
		VITAL SIGNS Q4H X 24 HOURS, THEN QID WHILE AWAKE	
		OXYGEN, 2L/MIN NASAL CANNULA	
		D5W, 30 ML/HOUR	
		NS, 30 ML/HOUR	
		INT	
		LAB:	
		CBC	
		CMP	
		BMP	
		BNP	
		MG++	
		PT/INR	
		PTT	
		TSH	
		T4	
		ACCUCHECK 0730, 1130, 1630, 2100H	
		INR, DAILY X 3	
		MEDICATIONS:	
		ENOXAPARIN (LOVENOX), 1 MG/KG, SUBCUTANEOUSLY, EVERY TWELVE HOURS	
		HEPARIN, 70 UNITS/KG (MAXIMUM 5000 UNITS), INTRAVENOUSLY, NOW	
		HEPARIN, STANDARD INFUSION AT 15 UNITS/KG/HR (MAXIMUM 1000 UNITS/HR)	
		PHARMACY TO MONITOR ANTICOAGULATION	
		COUMADIN, _____ MG, BY MOUTH, AT BEDTIME	
		IF NO ANTICOAGULANT, REASON _____	
		RYTHMOL (PROPAFENONE), 600 MG, BY MOUTH, NOW	
		RYTHMOL (PROPAFENONE), <input type="checkbox"/> 150 MG <input type="checkbox"/> 225 MG <input type="checkbox"/> 300 MG, BY MOUTH, EVERY EIGHT HOURS	
		TAMBOCOR (FLECAINIDE), 50 MG, BY MOUTH, EVERY TWELVE HOURS	
		BETAPACE (SOTALOL), <input type="checkbox"/> 80 MG <input type="checkbox"/> 120 MG, BY MOUTH, EVERY TWELVE HOURS	
		_____ Physician Signature	_____ Date/Time

▼ Addressograph / Patient Label ▼



ATRIAL FIBRILLATION/ATRIAL FLUTTER ORDERS



PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED		ATRIAL FIBRILLATION/ATRIAL FLUTTER ORDERS	TIME ORDER NOTED
Date	Time		
		CORDARONE (AMIODARONE), IV BOLUS AND STANDARD INFUSION, (TO BE DETERMINED BY PHARMACY)	
		CORDARONE (AMIODARONE), <input type="checkbox"/> 200 MG <input type="checkbox"/> 400 MG, BY MOUTH, <input type="checkbox"/> TWICE DAILY <input type="checkbox"/> THREE TIMES DAILY, WITH FOOD	
		IF NO ANTIARRHYTHMIA DRUG, REASON _____	
		ASPIRIN, 325 MG, BY MOUTH, DAILY	
		ASPIRIN, 81 MG, BY MOUTH, DAILY	
		PLAVIX (CLOPIDOGREL), 75 MG, BY MOUTH, DAILY	
		LANOXIN (DIGOXIN), 0.5 MG IV, NOW AND THEN 0.25 MG IV EVERY SIX HOURS X 4 DOSES	
		LANOXIN (DIGOXIN), 0.125 MG, <input type="checkbox"/> BY MOUTH <input type="checkbox"/> IV, DAILY	
		CARDIZEM (DILTIAZEM), 0.25 MG/KG, IV X 1, BOLUS OVER TWO MINUTES	
		CARDIZEM (DILTIAZEM), 0.35 MG/KG, IV X 1, BOLUS OVER TWO MINUTES	
		CARDIZEM (DILTIAZEM), STANDARD INFUSION, 5-25 MG/HOUR, TITRATE TO MAINTAIN HEART RATE 70-100/MIN	
		CARDIZEM CD (DILTIAZEM ER), <input type="checkbox"/> 120 MG <input type="checkbox"/> 180 MG <input type="checkbox"/> 240 MG <input type="checkbox"/> 300 MG, BY MOUTH, DAILY	
		LOPRESSOR (METOPROLOL), <input type="checkbox"/> 25 MG <input type="checkbox"/> 50 MG <input type="checkbox"/> 100 MG, BY MOUTH, <input type="checkbox"/> TWICE DAILY <input type="checkbox"/> THREE TIMES DAILY	
		PRN MEDICATIONS:	
		TYLENOL (ACETAMINOPHEN), <input type="checkbox"/> 325 MG <input type="checkbox"/> 500 MG, BY MOUTH, EVERY FOUR HOURS, AS NEEDED, PAIN	
		MILK OF MAGNESIA, 30 ML, BY MOUTH, DAILY, AS NEEDED, CONSTIPATION	
		MYLANTA (ALUMINUM HYDROXIDE/SIMETHICONE), [] 10 ML [] 20 ML, BY MOUTH, QID, AS NEEDED, INDIGESTION	
		PEPCID (FAMOTIDINE), <input type="checkbox"/> 20 MG <input type="checkbox"/> 40 MG, BY MOUTH, DAILY, AS NEEDED, INDIGESTION	
		PHENERGAN (PROMETHAZINE), <input type="checkbox"/> 12.5 MG <input type="checkbox"/> 25 MG <input type="checkbox"/> 50 MG, BY MOUTH, EVERY SIX HOURS, AS NEEDED, NAUSEA	
		ROBITUSSIN (GUAIFENESIN), <input type="checkbox"/> 10 ML <input type="checkbox"/> 20 ML, BY MOUTH, EVERY FOUR HOURS, AS NEEDED, COUGH	
		AMBIEN (ZOLPIDEM), <input type="checkbox"/> 5 MG <input type="checkbox"/> 10 MG, BY MOUTH, AT BEDTIME, AS NEEDED, SLEEP	
		TESTS:	
		EKG, NOW	
		EKG, TOMORROW MORNING	
		EKG, DAILY X 3	
		ECHOCARDIOGRAM, TODAY, "ATRIAL FIBRILLATION"	
		ECHOCARDIOGRAM, TOMORROW, "ATRIAL FIBRILLATION"	
		CHEST X-RAY, TODAY, "ATRIAL FIBRILLATION"	
		CHEST X-RAY, TOMORROW, "ATRIAL FIBRILLATION"	
		TREADMILL STRESS MYOVIEW	
		ADENOSINE STRESS MYOVIEW	
		TRANSESOPHAGEAL ECHOCARDIOGRAM, TOMORROW, "ATRIAL FIBRILLATION"	
		ELECTRICAL CARDIOVERSION, TOMORROW, "ATRIAL FIBRILLATION"	
		Physician Signature	Date/Time

▼ Addressograph / Patient Label ▼



ATRIAL FIBRILLATION/ATRIAL FLUTTER ORDERS