



### Admission Standard 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: \_\_\_\_\_ [ ] Other: \_\_\_\_\_

Allergies: [ ] \_\_\_\_\_

Code Status: [ ] Full [ ] DNR

[ ] Call for SBP more than \_\_\_\_\_ SBP less than \_\_\_\_\_ DBP more than \_\_\_\_\_ DBP less than \_\_\_\_\_

Vital Signs: [ ] Per unit protocol [ ] Every shift [ ] every \_\_\_\_\_ hours [ ] Other: \_\_\_\_\_

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

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 at bedtime or every \_\_\_\_\_ hrs

[ ] 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

[ ] Other: \_\_\_\_\_

Oxygen: [ ] 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: \_\_\_\_\_

**Protocols (if available): All protocol orders must be 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 minutes, and 12 hours)

[ ] BMP [ ] CMP [ ] BNP [ ] CPK [ ] Myoglobin [ ] Magnesium [ ] ABG

[ ] Fasting lipid profile [ ] TSH [ ] Free T4 [ ] UA [ ] CBC

[ ] Digoxin level

[ ] Other Labs: \_\_\_\_\_

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

[ ] C XR: [ ] 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: \_\_\_\_\_



**Salt Lake Regional**  
MEDICAL CENTER

1050 East South Temple - Salt Lake City - Utah 84102  
(801) 350-4111

DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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Allergies: \_\_\_\_\_

Attending Physician Name: \_\_\_\_\_

**Medications: (Check the appropriate box)**

- Diltiazem (Cardizem) 0.25 mg/kg loading dose (max.20 mg) IV over 5 minutes, then start drip at 10 mg/hr.  
If patient more 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 daily
- 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.
- Amlodarone (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.
- Ibutilide (Corvert): more 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 not converted.
- Esmolol (Brevibloc) 500 micrograms/kg bolus infused over 1 minute, followed by 50 micrograms/kg per minute maintenance infusion.
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs
- Warfarin (Coumadin) \_\_\_\_\_ mg PO daily
- Lorazepam (Ativan)  0.5 mg PO every 6hrs PRN  1 mg PO every 6hrs PRN as needed for mild to moderate anxiety
- Famotidine (Pepcid) 20 mg  IV twice daily  PO twice daily
- Pantoprazole (Protonix) 40mg IV 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 at bedtime 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 every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hours)  
 Docusate sodium (Colace) 100 mg PO qHS  
 MOM 30 ml PO PRN contipation  
 Maalox 30 ml PO PRN heartburn

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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Allergies:								
Attending Physician Name:								