



Jordan Valley Medical Center / Pioneer Valley Hospital (A Campus of JVMC) 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 (see DNR order)

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 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 greater than 90%. May DC if O2 sat greater than 90% 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 in 8 hours) Myoglobin Magnesium ABG
 BMP CMP BNP CPK Digoxin level
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 Fasting lipid profile TSH Free T4 UA 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. _____ ~~No~~ 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:	

<p>Jordan Valley MEDICAL CENTER</p>	3580 West 9000 South West Jordan, UT 84088 (801) 561-8888	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 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 daily 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 minute, then 2 mg 3 mg 4 mg per minute.
- Ibutilide (Corvert): greater than 60 kg. infuse 1 mg over 10 minutes, repeat x 1 if not converted
less than 60 kg. infuse 0.01 mg/kg over 10 minutes, repeat x 1 if not converted
- Esmolol (Brevibloc) 500 micrograms/kg bolus infused over 1 minute, followed by 50 micrograms/kg per minute maintenance infusion
- Heparin 5000 units subcutaneously every 8 hours
- Warfarin (Coumadin) _____mg PO daily. PT/INR daily while on Warfarin
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hrs PRN severe pain (unless patient is allergic to codeine or morphine)
- Lorazepam (Ativan) 0.5 mg PO every 6 hrs PRN 1 mg PO PRN 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
- Omeprazole 20 mg PO daily if not on Plavix, otherwise Protonix 40 mg PO daily
- Nicotine _____ mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat does once in one hour if no results
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea vomiting




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

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain (not to exceed 4 grams per 24 hours)
- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp more than 101 F (not to exceed 4 grams per 24 hours)
- 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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