



Attending 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

Vital Signs: Per unit protocol Every shift every _____ 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 at bedtime or every _____ hrs Other: _____

Diet: Regular NPO 2 gm low sodium
 Clear liquid Full liquid Diabetic: _____ kCal ADA
 Low fat, low cholesterol Cardiac 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: Cardiac enzymes (CPK, CPK-MB, Troponin)
 BMP CMP CBC PT/INR UA BNP Magnesium ABG
 Fasting lipid profile Check PTT every 6 hours x 4 then every day TSH Free T4 PT/PTT
 Digoxin level Check PTT 6 hours after each heparin dosage change
 CBC with differential () Now () In AM () Other _____
 CBC without differential () Now () In AM () Other _____
 Other Labs: _____

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

	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 100 mg/ 100 ml 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) 120 180 240 300 mg PO daily
- Metoprolol (Lopressor) 50 100 mg PO, twice daily
- Metoprolol XL (Toprol XL) 50 100 200 mg PO every day
- Digoxin (Lanoxin) 0.5 mg IV bolus followed by 0.25 mg in 6 hrs and 12 hrs. Then 0.125 0.25 mg PO daily
- Amiodarone (Cordarone) 150 mg in 100 ml Dextrose 5% Water IV infuse over 10 minutes
then 450 mg/ D5W 250 mL at 1 mg per minute IV for 8 hours then 0.5 mg per minute IV for 18 hrs.
- Flecainide (Tambocor) [] 50 [] 100 [] 150 mg PO, every 12 hours
- Procainamide (Procan, Procanbid) 15 mg/kg IV loading dose at 20 mg per minute, then [] 2 [] 3 [] 4 mg per minute
- Procainamide (Procan, Procanbid) 500 mg PO every 2 hours x 2 does, followed by _____mg PO every 12 hours
- Propafenone (Rythmol) 150 225 300 mg PO every 8 hours
- 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
- Dalteparin (Fragmin) 120 IU/Kg every 12 hours
- Heparin 5,000 units Subcutaneous every 8 hours
- Warfarin (Coumadin) _____mg PO daily
- Lorazepam (Ativan) 0.5 1 mg PO every 6hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20 mg IV PO twice daily
- Pantoprazole (Protonix) 40mg IV PO once daily
- Nicotine 21 mg topical patch apply daily

Protocols: All protocol orders must be placed in chart

- Insulin subcutaneous Sliding Scale Protocols: [] Mild Protocol [] Moderate Protocol [] Aggressive Protocol



Standard Medications: (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
- Percocet 5/325 mg PO every 4 hours PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hours PRN severe pain
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in 1 hour if no results
- Prochlorperazine (Compazine) 5 mg IV every 6 hours PRN nausea/vomiting
- 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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 	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 Mountain Vista MEDICAL CENTER	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	1301 S. Crismon Rd. Mesa, AZ 85209								
	Allergies: _____ Attending Physician Name: _____								