



### 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 (see DNR order)

[ ] Per unit protocol [ ] Every shift [ ] every \_\_\_\_\_ hours  
 Vital Signs: [ ] 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 [ ] Dietary Consult  
 [ ] 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 92%. May DC if O2 sat greater than 93% on RA.  
 [ ] Vent 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 [ ] Digoxin level  
 [ ] 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)  
 [ ] 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:	

<b>Davis Hospital</b> AND MEDICAL CENTER 1600 West Antelope Drive - Layton, UT 84041 (801) 807-1000	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 0.20 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)             12.5 mg PO twice daily     25 mg PO twice daily     50 mg PO twice daily     100 mg PO twice daily
- Metoprolol XL (Toprol XL)     25 mg PO daily     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.
- Propafenone (Rythmol)     150 mg PO     225 mg PO     300 mg PO, every 8 hours
- Procainamide (Procan, Procanbid) 15 mg/kg IV loading dose at 20 mg per minutes, then     2 mg     3 mg     4 mg per minute.
- 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 (pharmacy to adjust for renal dysfunction)
- Anticoagulant protocol per pharmacy.
- 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 if NPO, otherwise 20 mg PO twice daily
- Pantoprazole (Protonix) 40 mg     IV once daily in NPO, otherwise Prilosec 20 mg PO daily
- Nicotine \_\_\_\_\_ mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat does once in one hour if no results
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea vomiting
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain



**Standard Medication:**

- 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 every HS PRN contipation
- Maalox 30 ml PO every 4 hrs PRN heartburn

**Additional Meds:**

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

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<p style="text-align: center;"><b>Davis Hospital</b> AND MEDICAL CENTER 1600 West Antelope Drive - Layton, UT 84041 (801) 807-1000</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
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