(place patient label here)

Patient Name:_____

BENEFIS HEALTH SYSTEM
Benefis HOSPITALS

PROVIDER ORDERS

Order Set Directions:
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Diagnosis: _____

Allergies with reaction type:_____

Atrial Fibrillation

Version 2 11/4/15

- This order set must be used with an admission order set if patient not already admitted.

Telemetry

☑ Medical Telemetry: Patient may be off telemetry for showering or transport for diagnostic tests [ ] Yes [ ] No

Nursing Orders

Notify provider

☑ IF Heart Rate remains greater than 130 bpm

☑ IF Systolic BP is less than 90 mmHg

Diet

Diet, cardiac (HEART HEALTHY)

☐ Caffeine free

☐ NPO at _____, cancel if converts to normal sinus rhythm

Medications

Anticoagulants

- For patients without contraindications who have atrial fibrillation of > 48 hours' duration or of unknown duration adequate anticoagulation should be used for 3 weeks prior to elective electrical cardioversion to prevent thromboembolism.
  For patients without contraindications who have atrial fibrillation of < 48 hours' duration consider adequate anticoagulation prior to electrical cardioversion to prevent thromboembolism.

enoxaparin (LOVENOX)

☐ 1 milligram/kilogram subcutaneously every 12 hours

☐ 1 milligram/kilogram subcutaneously every 24 hours (Select if GFR < 30 ml/min)

rivaroxaban (XARELTO)

☐ 20 milligram orally once a day , with evening meal

☐ 15 milligram orally once a day , with evening meal. Select for patients with GFR 15-50 ml/min [Inappropriate for patients with GFR < 15]

apixaban (ELIQUIS)

☐ 5 orally 2 times a day

☐ 2.5 orally 2 times a day Select if patient has any 2 of the following: age > 80, weight < 60 kg, serum creatine > 1.5 mg/dL

Low Dose Heparin Weight Based Drip

Weight-based Heparin Infusion with loading dose (Select both)

☐ 60 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate Low Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)

☐ 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion NO loading dose

☐ 12 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per low dose heparin weight based protocol (Pharmacy to adjust dosing weight as needed)

Initials_____

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BENEFIS HEALTH SYSTEM
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PROVIDER ORDERS

High Dose Heparin Weight Based Drip

Weight-based Heparin Infusion Protocol WITH loading dose (Select both)
- ☐ 80 unit/kilogram intravenously once loading dose (MAX 10,000 units) and initiate High Dose Heparin Weight Based Protocol; (Pharmacy to adjust dosing weight as needed)
- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose (MAX Infusion Rate 2,300 units per hour); titrate per High Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

Weight-based Heparin Infusion Protocol WITHOUT loading dose
- ☐ 18 unit/kilogram per hour continuous intravenous infusion maintenance dose and titrate per High Dose Heparin Weight Based Protocol(Pharmacy to adjust dosing weight as needed)

warfarin (COUMADIN) with loading dose SELECT BOTH

warfarin (COUMADIN)
- ☐ 10 milligram orally once start on _____ Loading dose
- ☐ 5 milligram orally once a day start on _____ maintenance dose start day after loading dose

warfarin (COUMADIN) without loading dose

warfarin (COUMADIN)
- ☐ 5 milligram orally once a day start on _____
- ☐ 10 milligram orally once a day start on _____

Platelet Inhibitors

- Concomitant use of ticagrelor(BRILINTA) with aspirin maintenance doses greater than 100 mg should be avoided

aspirin
- ☐ 81 milligram orally once a day
- ☐ 325 milligram orally once a day

clopidogrel (PLAVIX)
- ☐ 300 milligram orally once ; loading dose
- ☐ 75 milligram orally once a day (Begin day after loading dose if ordered)

ticagrelor (BRILINTA)- Select both
- ☐ 180 milligram orally once now
- ☐ 90 orally 2 times a day maintenance dose (Begin day after loading dose)

Amiodarone and Diltiazem Infusions

amiodarone intravenous drip 1.8 milligram per milliliter (NEXTERONE) SELECT BOTH
- ☐ 150 milligram bolus over 10 minutes intravenously once followed by continuous infusion
- ☐ 1 milligram/minute continuous intravenous infusion for x 6 hours (begin after bolus) then decrease infusion rate to 0.5 milligram/minute; Do not start if Heart Rate is less than 100 bpm or Systolic BP is less than 100 mmHg; If patient converts to normal sinus rhythm discontinue and notify provieder

diltiazem in normal saline 125 milligram/125 milliliter (CARDIZEM) SELECT BOTH
- ☐ 20 milligram bolus over 10 minutes intravenously once followed by continuous infusion
- ☐ 5 milligram/hour continuous infusion Titrate by 5 milligrams per hour [MAX infusion rate: 15 milligram/hour, MAX infusion time: 24 hours] to goal Heart Rate of 90-100 bpm as long as Systolic PB remains greater than 100 mmHg; HOLD and CALL provider for Heart Rate less than 50 bpm and/or SPB less than 90 mmHg; If patient converts to normal sinus rhythm discontinue and notify provider

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PROVIDER ORDERS

Angiotensin-Converting Enzyme Inhibitors

lisinopril (PRINIVIL)
- ☐ 10 milligram orally once a day -Hold for Systolic BP less than 90 mmHg
- ☐ 20 milligram orally once a day -Hold for Systolic BP less than 90 mmHg

ramipril (ALTACE)
- ☐ 2.5 milligram orally once a day -Hold for Systolic BP less than 90 mmHg
- ☐ 5 milligram orally once a day Hold for Systolic BP less than 90 mmHg

Angiotensin Receptor Blockers

losartan (COZAAR)
- ☐ 50 milligram orally once a day -Hold for Systolic BP less than 90 mmHg
- ☐ 100 milligram orally once a day -Hold for Systolic BP less than 90 mmHg

Antiarrhythmics: Class III Agents

amiodarone (CORDARONE)
- ☐ 400 milligram orally 2 times a day
- ☐ 400 milligram orally once a day
- ☐ 200 milligram orally once a day

Antiarrhythmics: Class II/III Agents

- Do not use sotalol for pharmacologic cardioversion

sotalol (BETAPACE)
- ☐ 40 milligram orally 2 times a day
- ☐ 80 milligram orally 2 times a day

Beta-Blockers

carvedilol (COREG)
- ☐ 6.25 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm
- ☐ 12.5 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm

metoprolol tartrate (LOPRESSOR)
- ☐ 25 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm
- ☐ 50 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 bpm

Calcium Channel Blockers

diltiazem (CARDIZEM)
- ☐ 60 milligram orally 3 times a day

verapamil (ISOPTIN)
- ☐ 40 milligram orally 3 times a day

Cardiac Glycosides

digoxin (LANOXIN) loading dose SELECT BOTH
- ☐ 0.5 milligram intravenously once
- ☐ 0.25 milligram intravenously every 6 hours for 2 doses Start 6 hours after 0.5 mg dose

digoxin (LANOXIN) maintenance SELECT ONE
- ☐ 0.125 milligram orally once a day maintenance dose (Begin day after loading dose if ordered)
- ☐ 0.25 milligram orally once a day maintenance dose (Begin day after loading dose if ordered)

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PROVIDER ORDERS

Statin Therapy

- ACC/AHA guideline Expert Panel recommendations for the treatment of blood cholesterol levels to reduce atherosclerotic cardiovascular disease (ASCVD) - includes coronary heart disease (CHD), stroke, and peripheral arterial disease, all of presumed atherosclerotic origin.

High-Intensity SELECT ONE:

- High-intensity statin therapy should be initiated for adults < /=75 years of age with clinical ASCVD who are not receiving statin therapy or the intensity should be increased in those receiving a low- or moderate-intensity statin, unless they have a history of intolerance to high-intensity statin therapy or other characteristics that may influence safety

atorvastatin (LIPITOR)
- ☐ 40 milligram orally once a day, in the evening
- ☐ 80 milligram orally once a day, in the evening

rosuvastatin (CRESTOR)
- ☐ 20 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]
- ☐ 40 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]

Moderate-Intensity SELECT ONE:

- Moderate-intensity statin therapy should be used in individuals in whom high-intensity statin therapy would otherwise be recommended when characteristics predisposing them to statin-associated adverse effects are present. (> 75 years of age, multiple or serious comorbidities, history of statin intolerance

atorvastatin (LIPITOR)
- ☐ 10 milligram orally once a day, in the evening
- ☐ 20 milligram orally once a day, in the evening

rosuvastatin (CRESTOR)
- ☐ 5 milligram orally once a day, in the evening
- ☐ 10 milligram orally once a day, in the evening [Potentially inappropriate for patients of Asian descent]

Laboratory

Admission Labs:
- ☐ CBC/AUTO DIFF
- ☐ Comprehensive metabolic panel
- ☐ Magnesium level, plasma
- ☐ Phosphorus level, plasma
- ☐ Troponin-I
- ☐ PT (PROTIME AND INR)
- ☐ PTT
- ☐ Digoxin level

Morning Labs:
- ☐ CBC/AUTO DIFF
- ☐ Basic metabolic panel
- ☐ Lipid panel , fasting

Radiology and Diagnostic Tests

XR Chest Single
- ☐ routine Reason for exam: line or tube placement verification

XR Chest PA and Lateral
- ☐ now Reason for exam: _____

ECG
- ☐ stat Reason for exam: Atrial Fib
- ☐ routine Reason for exam: Atrial Fib

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ECHO, Transthoracic Complete

- ☐ stat ICD 9 Indications: _____Contrast? [ ] Yes [ ] No Agitated Saline (Bubble Study) [ ] Yes [ ] No Additional Instructions: _____
- ☐ routine ICD 9 Indications: _____Contrast? [ ] Yes [ ] No Agitated Saline (Bubble Study) [ ] Yes [ ] No Additional Instructions: _____

ECHO, Transesophageal

- ☐ routine **Cardiology Consult required** Reason for exam: _____Additional Instructions: _____

Consult Provider

- Provider to provider notification preferred.
- Consult Cardiologist:
  - ☐ Consult other provider _____ regarding _____ Does nursing need to contact consulted provider? [ ] Yes [ ] No

Provider Signature:_____Date:_____Time:_____