

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

Cardioversion- Preprocedure

Version 3 10/26/15

General

- For patients with atrial fibrillation of more than 48 hours or of unknown duration who are undergoing electrical cardioversion, adequate anticoagulation should be used in the periprocedural period to prevent thromboembolism
 - Cardioversion
 - Reason for Exam: _____
 - Service Date Requested: _____
 - Additional Instructions: _____
 - ***Obtain the Written Authorization for Ordered Procedure Except for Procedures Performed In Interventional Radiology***

Nursing Orders

- Notify provider
- IF converts to normal sinus rhythm and cancel cardioversion
 - When patient arrives on unit
 - Notify Respiratory Therapy when patient arrives
 - Cardiac monitor and place AP patches
 - Education, cardioversion
 - IF signs/symptoms of opioid induced respiratory depression: Initiate Respiratory Depression Protocol AND Notify Provider

Respiratory

- Oxygen Delivery RN/RT to Determine Titrate to maintain Oxygen saturation greater than 94%
- Pulse oximetry, continuous

Diet

- NPO except medications 6 hours prior to start of procedure
- NPO after midnight

IV/ Line Insert and/or Maintain

- Saline lock with saline flush every BID

Anesthetics: Local

lidocaine 1% injectable solution

- 0.5-2.0 milliliter intradermally as needed for IV insertion site comfort

IV Fluids

Sodium Chloride 0.9% IV

- 30 milliliter/hour continuous intravenous infusion Begin 1 hour prior to start of cardioversion
- _____ milliliter/hour continuous intravenous infusion Begin 1 hour prior to start of cardioversion

Medications

Pharmacological Cardioversion- SELECT ONE

ibutilide (CORVERT)

- 1 milligram intravenously once [if weight greater than or equal to 60 kilograms] May repeat in 10 minutes if cardioversion not achieved after first dose

****AND****

magnesium sulfate 1 gram intravenously once STAT as needed for torsades

Initials _____

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

ibutilide (CORVERT)

- 0.01 milligram/kilogram intravenously once [if weight less than 60 kilograms] May repeat in 10 minutes if cardioversion not achieved after first dose

****AND****

magnesium sulfate 1 gram intravenously once STAT as needed for torsades

Analgesics and Sedatives for Electrical Cardioversion

fentaNYL

- 50-100 microgram intravenously as needed for sedation

midazolam (VERSED)

- 1-5 milligram intravenously as needed for sedation

Electrolyte Replacement

magnesium sulfate

- 1 gram intravenously once NOW
- 2 gram intravenously once NOW

Laboratory

Admission labs or labs to be obtained now:

- CBC/AUTO DIFF
- Basic metabolic panel
- Magnesium level, plasma
- PT (PROTIME AND INR)
- Digoxin level
- Other: _____

Diagnostic Tests

ECG

- routine now; Reason for exam: _____

Provider Signature: _____ Date: _____ Time: _____