	(place patient label here)  Patient Name:  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	B <sub>HO</sub>	EFIS HEALTH SYSTEM  CHOCKE SPITALS  WIDER ORDERS
	iagnosis:		
A	Common Cardiac Medications  Medications  Aldosterone Antagonists  spironolactone (ALDACTONE)  □ 25 milligram orally once a day	Version 1	10/26/15
	Angiotensin-Converting Enzyme Inhibitors  lisinopril (PRINIVIL)  □ 10 milligram orally once a day -Hold for systolic blood pressure less tha  □ 20 milligram orally once a day -Hold for systolic blood pressure less tha ramipril (ALTACE)  □ 2.5 milligram orally once a day -Hold for systolic blood pressure less than  □ 5 milligram orally once a day -Hold for systolic blood pressure less than	in 90 mmHg an 90 mmHg	
	Angiotensin Receptor Blockers Iosartan (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 mmH		
	Antiarrhythmics: Class III Agents amiodarone (CORDARONE)  □ 400 milligram orally 2 times a day for 7 day □ 400 milligram orally once a day for 7 day □ 200 milligram orally once a day for maintenance dose		
	Antiarrhythmics: Class II/III Agents sotalol (BETAPACE)  □ 40 milligram orally 2 times a day □ 80 milligram orally 2 times a day		
	<ul> <li>Anticoagulants</li> <li>Weight-based Heparin InfusionProtocol WITH loading dose (Select both)</li> <li>□ 80 unit/kilogram intravenously once loading dose (MAX 10,000 units) a protocol; (Pharmacy to adjust dosing weight as needed)</li> <li>□ 18 unit/kilogram per hour continuous intravenous infusion maintenance units per hour); titrate per protocol (Pharmacy to adjust dosing weight Weight-based Heparin Infusion Protocol WITHOUT loading dose</li> <li>□ 18 unit/kilogram per hour continuous intravenous infusion maintenance heparin protocol; titrate per protocol (Pharmacy to adjust dosing weight enoxaparin (LOVENOX)</li> <li>□ 1 milligram/kilogram subcutaneously every 12 hours</li> </ul>	e dose (MAX Infas needed)	usion Rate 2,300
	☐ 1 milligram/kilogram subcutaneously every 12 nours ☐ 1 milligram/kilogram subcutaneously every 24 hours (Select if GFR < 30	0 ml/min)	

warfarin (COUMADIN) without loading dose

 $\ \square$  20 milligram orally once a day , with evening meal

[Inappropriate for patients with GFR < 15]

□ 15 milligram orally once a day , with evening meal. Select for patients with GFR 15-50 ml/min

(place patient label here)  Patient Name:  Order Set Directions:  > (√)- Check orders to activate; Orders with pre-checked by Initial each place in the pre-printed order set where chan Initial each page and Sign/Date/Time last page	ox ☑ will be followed unless lined out. Iges such as additions, deletions or line outs have been made	Benefis HEALTH SYSTEM Benefis HOSPITALS PROVIDER ORDERS		
warfarin (COUMADIN) □ 5 milligram orally once a day □ 10 milligram orally once a da				
warfarin (COUMADIN) with loading warfarin (COUMADIN) □ 10 milligram orally once star □ 5 milligram orally once a day	rt on Loading dose y start on maintenance dose s	tart day after loading dose		
bpm  12.5 milligram orally 2 times a bpm  metoprolol tartrate (LOPRESSOR)  12.5 milligram orally 2 times a less than or equal to 50 bpm  25 milligram orally 2 times a dathan or equal to 50 bpm  2.5 milligram intravenously ond than or equal to 50 bpm	illol (COREG) 5.25 milligram orally 2 times a day Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 cpm 12.5 milligram orally 2 times a day -Hold for Systolic BP less than 90 mmHg or Heart rate less than 50 cpm rolol tartrate (LOPRESSOR) 12.5 milligram orally 2 times a day -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate ess than or equal to 50 bpm 12.5 milligram orally 2 times a day -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm 12.5 milligram intravenously once -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm 13.5 milligram intravenously once -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm 14.5 milligram intravenously once -Hold for Systolic BP less than or equal to 100 mmHg or Heart Rate less than or equal to 50 bpm			
Calcium Channel Blockers  amLODIPine (NORVASC)  □ 5 milligram orally once a day  □ 10 milligram orally once a day diltiazem (CARDIZEM)  □ 60 milligram orally 3 times a day verapamil (ISOPTIN)  □ 40 milligram orally 3 times a day				
digoxin (LANOXIN) maintenance SELE  0.125 milligram orally once a d	ce very 6 hours for 2 doses Start 6 hours after	ng dose if ordered)		

Platelet Inhibitors: P2Y12 Receptor Inhibitors

□ 81 milligram orally once a day □ 325 milligram orally once a day

Platelet Inhibitors: Salicylates

Initials\_\_\_\_\_

aspirin

	(place patient label here)  Patient Name:	BENEFIS HEALTH SYSTEM  Benefis  HOSPITALS	
	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	PROVIDER ORDERS	
	clopidogrel (PLAVIX)  300 milligram orally once now (loading dose)  75 milligram orally once a day (Begin day after loading dose if ordered) ticagrelor (BRILINTA)  180 milligram orally once now  90 orally 2 times a day maintenance dose (Begin day after loading dose		
<ul> <li>Statin Therapy</li> <li>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 perip arterial disease, all of presumed atherosclerotic origin.</li> <li>High-Intensity SELECT ONE:</li> </ul>			
<ul> <li>High-intensity statin therapy should be initiated for adults &lt; /=75 years of age with clinical ASCVD was 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)</li> </ul>			
	<ul> <li>□ 40 milligram orally once a day, in the evening</li> <li>□ 80 milligram orally once a day, in the evening</li> <li>rosuvastatin (CRESTOR)</li> </ul>		
	<ul> <li>20 milligram orally once a day, in the evening [Potentially inappropria</li> <li>40 milligram orally once a day, in the evening [Potentially inappropria</li> </ul>		
	<ul> <li>Moderate-Intensity SELECT ONE:</li> <li>Moderate-intensity statin therapy should be used in individuals in whom high otherwise be recommended when characteristics predisposing them to stating present. ( &gt; 75 years of age, multiple or serious comorbidities, history of atorvastatin (LIPITOR)</li> </ul>	n-associated adverse effects are	
	<ul> <li>10 milligram orally once a day, in the evening</li> <li>20 milligram orally once a day, in the evening rosuvastatin (CRESTOR)</li> <li>5 milligram orally once a day, in the evening</li> <li>10 milligram orally once a day, in the evening [Potentially inappropria</li> </ul>	eto for nationts of Asian doscont	
	simvastatin (ZOCOR)  20 milligram orally once a day, in the evening  40 milligram orally once a day, in the evening	ace for patients of Asian descent	