

STANDING ADMISSION ORDERS ATRIAL FIBRILLATION

Admitting Physician: _____ **Date:** _____ **Time:** _____
Admit to Inpatient: 3West 4th floor telemetry CCU 5th Floor
Place in Observation Services: 3West 4th floor telemetry 5th Floor 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 Telemetry/Cardiac monitoring
 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 every HS or every _____ hrs
 Other: _____

Diet: Regular NPO 2 gm low sodium
 Clear liquid Full liquid Cardiac
 _____ Calorie ADA diet
 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.
 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 (CCU patients only)

Labs: Troponin (STAT, then every 8hrs x 3) CPK Myoglobin
 BMP CMP BNP Magnesium ABG
 Fasting lipid profile TSH
 Free T4 UA CBC Digoxin level
 Other Labs: _____

Studies: (If LVEF less than 40%, implement CHF Protocol)
 Chest Xray: 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:	

 520 East 6th Street Odessa, Texas 79761 (432) 582-8000	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

