Date/Time: __________/________/_________ at: _______________ hours

Pre-checked orders have been selected based on current evidence-based medicine, and are consistent with 2014 AHA/ACC/HRS guidelines for Atrial Fibrillation. Bulleted (●) orders indicate standard hospital procedures. To DESELECT any of these orders, draw a line through the entire order and initial it.

ALLERGIES: ______________________________________________________________

WEIGHT: ___________________ lbs / kg (circle one)  HEIGHT: ___________________ (ft/in)

Electrophysiology / Cardiology Consult: ___________________________________________

ADMITTING PHYSICIAN: _______________________________________________________

DIAGNOSIS:  □ Atrial Fibrillation  □ Atrial Flutter  □ Acute Onset  □ Chronic

NURSING ORDERS:

✓ OBTAIN STAT 12 Lead ECG in not done in Triage. If Inferior wall MI is noted, obtain tracing of Lead V4R.
✓ If STEMI is present, implement STEMI ORDERS
✓ Implement Emergency Department Cardiac Monitoring Protocol.
✓ Establish IV access:
  □ 0.9% sodium chloride
  □ Fluid challenge: _________ ml bolus over _________ minutes
  □ _________ ml/hr continuous rate
  □ heplock / reseal: flush with 3ml NS every 8 hours
✓ Keep patient NPO except medications
✓ Oxygen: Room air only for patients with SAO2 levels greater than 94%. Administer 2 - 4 liters per minute via nasal canula to maintain SAO2 between 90 - 94%

CONDITION:

□ Stable
□ Unstable: Prepare for Immediate Synchronized Cardioversion:
  ✓ Page Respiratory Therapy STAT
  ✓ Have the following equipment immediately at patient's bedside:
    ● Monitor / Defibrillator / External Pacemaker
    ● Crash Cart
    ● O2, Suction,
    ● IV Sedative(s):
  ✓ Synchronized Cardioversion energy settings per AHA ACLS Guidelines: 120 - 200 joules

Imaging Studies:

□ STAT Chest X-ray
□ Echocardiogram to evaluate LA size, EF, and valvular heart disease (if not completed in ED)
□ Transesophageal Echocardiogram (TEE) rule out LA thrombus
□ Other:

* Reference source for all recommendations from "2014 AHA/ACC/HRS Guidelines for Management of Atrial Fibrillation" unless otherwise noted.

PATIENT LABEL: ____________________________

Physician Signature / date / time
**Risk Stratification:**

| CHA2DS2-VASc Score: ________ | HAS-BLED Score: ________ | SAF Scale: ________ |

**Labs:**

- Prothrombin Time w/ INR (circle all that apply), STAT Routine in AM Daily
- PTT (circle all that apply), STAT Routine in AM Daily
- D-Dimer (circle all that apply), STAT Routine in AM Daily
- CBC w/Diff Automated (circle all that apply), STAT in AM once in AM daily
- Basic Metabolic Profile (circle all that apply), STAT in AM once in AM daily
- Comprehensive Metabolic Profile (circle all that apply), STAT in AM once in AM daily
- Troponin Quantitative (once, STAT)
- Troponin I SERIES: (ONE STAT unless done in ER, then repeat in 6 and 12 hours)
- If Troponin result is "positive," notify Cardiologist
- CPK-MB STAT, unless done in ER, then repeat in 6 and 12 hours
- PRO-BNP
- CP
- Magnesium
- TSH (Thyroid Stim Hormone)
- Digoxin
- Alcohol/Ethanol
- Phosphorus
- Drug Screen Urine
- Urinalysis Auto W/O Micro
- Occult Blood Stool
- Culture MRSA
- Other: ______________________

**Medications, Rate Control:**

**BETA BLOCKER:** (Class I, LOE B); (Contraindicated in WPW Class III, harm, LOE B)
- Metoprolol 2.5 mg IV push over 2 minutes every 5 minutes PRN (maximum 3 doses)
- Metoprolol 5 mg IV push over 2 minutes every 5 minutes PRN (maximum 3 doses)

**CALCIUM CHANNEL ANTAGONIST:** (Class I, LOE B); (Contraindicated WPW, Class III, LOE B)
- Diltiazem 0.25 mg/kg IV bolus over 2 min, then ________ mg/hr (5 - 15 mg/hr dose range)

**DIGITALIS:** (helpful in AF with Heart Failure) (Contraindicated in WPW, Class III, LOE B)
- Digoxin 0.25 mg IV slow push, repeat every ________ hours to maximum of 1.5 mg in 24 hours

**ILBUTIDE** (Corvert) - (Recommended for patients with WPW, Class I, LOE: B)

**NOTE:** Ilbuvide is an Antiarrhythmic and will restore Sinus Rhythm!

- Ilbuvide 1 mg IV, given over 10 minutes for Patients with body weight 60kg or more;
- Ilbuvide 0.01mg/kg IV given over 10 minutes for patients with body weight less than 60 kg.
- May repeat initial dose once, if needed.

**OTHERS:** (Amiodarone Class Iia, LOE B) (Contraindicated in WPW, Class III, LOE B)

**NOTE:** Amiodarone is known to restore Sinus Rhythm!

- Amiodarone, initial infusion: 300mg IV over 1 hour
- Amiodarone, maintenance infusion: ________ mg/hour for next 24 hours (10 - 50mg/hr range)

**PATIENT LABEL:**

______________________________
Physician Signature / date / time
*Medications, Antithrombotics:

- Aspirin ________ mg PO
- Warfarin ________ mg PO
- Rivaroxaban (Xarelto) ________ mg PO
  (Not recommended for AF with end stage Renal Disease or Dialysis - Class III, LOE: C)
- Enoxaparin (Lovenox) ________ mg subcutaneous, twice daily
- Heparin: Initiate Weight Based Standard Protocol

Medications, Other:

- Other: ____________________________________________
- Other: ____________________________________________

Patient Education - Provide Patient with:

- Atrial Fibrillation / Flutter information
- Risk Factors for Stroke information
- Stroke Prevention using Blood Thinners (Anticoagulants) & Diet information
- Smoking Cessation information
- Discharge Instructions for Atrial Fibrillation / Flutter
- Other: ____________________________________________

Other Orders:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PATIENT LABEL:

Physician Signature / date / time