| THE UNIVERSITY OF KANSAS HOSPITAL<br>KUMED<br>3901 Rainbow Boulevard<br>Kansas City, Kansas 66160<br><br>PHYSICIAN'S ORDER FORM | Do not write in this box<br><br>DT0017 | PATIENT LABEL |
|---|---|---|

| DATE & TIME | # | ORDERS<br>ATRIAL FIBRILLATION / FLUTTER ORDER FORM |
|---|---|---|
| | | **Reference:** |
| | 1. | **STAT 12 lead ECG.** |
| | 2. | **STAT serum potassium and magnesium levels.** |
| | 3. | **Potassium and magnesium replacement orders:**<br>a. If creatinine > 2 mg/dL call physician for replacement orders.<br>b. If creatinine < 2 mg/dL follow the replacement orders below:<br>If serum K+ 4.0-4.5 mEq/L give **potassium chloride** 40 mEq PO/NG x 1.<br>If serum K+ < 4.0 mEq/L give **potassium chloride** 40 mEq PO/NG x 2 (four hours apart).<br>If serum Mg++ < 1.5 mg/dL give **magnesium sulfate** 1 g IV x 1 (over 60 minutes). |
| | 4. | **Rate control orders:**<br>a. **Diltiazem** 10 mg IV bolus over 2 minutes for HR > 100 bpm may repeat x1 in 15 minutes if HR remains > 100 bpm (hold and call physician if HR < 55 bpm and SBP < 85 mm Hg).<br>b. After bolus(es) initiate **Diltiazem continuous infusion** at 10 mg/hour.<br>Titrate for HR < 100 bpm and SBP > 85 mm Hg in 5 mg/hour increments every 15 minutes.<br>Maximum infusion rate 15 mg/hour on inpatient ward or 20 mg/hour in the CTS ICU.<br>c. Call physician for HR < 55 bpm > 110 bpm and SBP < 85 mm Hg. |
| | 5. | **Rhythm control orders**<br>a. **Amiodarone** 150 mg bolus over 10 minutes IV.<br>b. After bolus initiate **Amiodarone continuous infusion** IV at:<br>1 mg/minute for 6 hours.<br>Then decrease to 0.5 mg/minute.<br>c. Discontinue PO amiodarone.<br>Call physician for HR < 55 bpm > 110 bpm and SBP < 85 mm Hg. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Physician Signature: _____ Pager: _____