

Emergency Department Atrial Fibrillation / Flutter Physician Orders

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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): _____

NOTE: For patients who may have been in A-Fib or A-Flutter for more than 48 hours who require STAT DC Cardioversion, anticoagulation therapy should be started as soon as possible and continued for 4 weeks. (Class I, LOE: B) *

- 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

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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
- CRP
- 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)
- HOLD Metoprolol if HR below 60 bpm, HOLD Metoprolol if Systolic BP 100mm/hg or less

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)
- HOLD Diltiazem if HR below 60 BPM, HOLD Metoprolol if Systolic BP 100mm/hg or less

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
- HOLD Digoxin if Heart Rate is less than 60 BPM

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

NOTE: Ilbutide is an Antiarrhythmic and will restore Sinus Rhythm !

- Ilbutide 1 mg IV, given over 10 minutes for Patients with body weight 60kg or more:
- Ilbutide 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)
- Other: _____

PATIENT LABEL:

Physician Signature / date / time

