

Nursing

Vital Sign

	"And" Linked Panel
<input type="checkbox"/> Telemetry	
<input type="checkbox"/> Telemetry monitoring	STAT, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Significant arrhythmia if (answer = Other) Other: Can be off of Telemetry for tests and baths? Yes if (answer = No) Reason?
<input type="checkbox"/> Telemetry Additional Setup Information	STAT, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
<input type="checkbox"/> Pulse oximetry	Routine, Continuous Current FIO2 or Room Air: Notify attending if oxygen saturation is less than 92%

Activity

<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S
<input type="checkbox"/> Bed rest with bedside commode	Routine, Until discontinued, Starting S Bathroom Privileges: with bedside commode
<input type="checkbox"/> Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
<input type="checkbox"/> Ambulate with assistance	Routine, 3 times daily Specify: with assistance if (answer = with assistive device) Device: if (answer = other (specify)) Specify:
<input type="checkbox"/> Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated if (answer = Up in chair) Additional modifier: if (answer = Other activity (specify)) Other:

Diet

<input type="checkbox"/> Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy if (answer = IDDSI/Dysphagia) IDDSI Solid Consistency: if (answer = Other Diabetic/Cal) Diabetic/Calorie: if (answer = Other Protein) Protein: if (answer = Bariatric) Bariatric: if (answer = Cultural/Special)
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	<p>Cultural/Special: Advance Diet as Tolerated? if (answer = Yes) Target Diet: Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:</p>
<p><input type="checkbox"/> Diet- Regular</p>	<p>Diet effective now, Starting S Diet(s): Regular if (answer = IDDSI/Dysphagia) IDDSI Solid Consistency: if (answer = Other Diabetic/Cal) Diabetic/Calorie: if (answer = Other Protein) Protein: if (answer = Bariatric) Bariatric: if (answer = Cultural/Special) Cultural/Special: Advance Diet as Tolerated? if (answer = Yes) Target Diet: Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:</p>
<p><input type="checkbox"/> Diet- Renal</p>	<p>Diet effective now, Starting S Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K) if (answer = IDDSI/Dysphagia) IDDSI Solid Consistency: if (answer = Other Diabetic/Cal) Diabetic/Calorie: if (answer = Other Protein) Protein: if (answer = Bariatric) Bariatric: if (answer = Cultural/Special) Cultural/Special: Advance Diet as Tolerated? if (answer = Yes) Target Diet: Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:</p>
<p><input type="checkbox"/> Diet 2000 Kcal/225 gm Carbohydrate</p>	<p>Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate if (answer = IDDSI/Dysphagia) IDDSI Solid Consistency: if (answer = Other Diabetic/Cal) Diabetic/Calorie: if (answer = Other Protein) Protein: if (answer = Bariatric) Bariatric: if (answer = Cultural/Special) Cultural/Special: Advance Diet as Tolerated? if (answer = Yes) Target Diet: Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction:</p>

<input type="checkbox"/> NPO	Foods to Avoid: Diet effective now, Starting S NPO: Pre-Operative fasting options: if (answer = Other) Specify:
<input type="checkbox"/> NPO effective midnight except meds and ice chips	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds, Except Ice chips Pre-Operative fasting options: if (answer = Other) Specify:
<input type="checkbox"/> NPO - except meds and ice chips	Diet effective now, Starting S NPO: Except Ice chips, Except meds Pre-Operative fasting options: if (answer = Other) Specify:

Notify Physician

<input type="checkbox"/> Notify Physician (Specify)	STAT, Until discontinued, Starting S, Notify physician for heart rate GREATER than 140 bpm OR LESS than 40 bpm.
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Labs

Labs- STAT

<input type="checkbox"/> Alcohol level, blood	STAT For 1 Occurrences
<input type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input type="checkbox"/> Digoxin level	STAT For 1 Occurrences
<input type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input type="checkbox"/> Magnesium	STAT For 1 Occurrences
<input type="checkbox"/> T4, free	STAT For 1 Occurrences
<input type="checkbox"/> TSH	STAT For 1 Occurrences
<input type="checkbox"/> Troponin T	STAT For 1 Occurrences
<input type="checkbox"/> Urine drugs of abuse screen	STAT For 1 Occurrences

Electrolyte Replacement

Potassium Replacement

For potassium level less than 3.4

<input type="checkbox"/> oral potassium replacement - 40 mEq	"Or" Linked Panel
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	40 mEq, oral, once, For 1 Doses Recheck level 4 hours after dose and reapply orders if needed
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> peripheral line IV - potassium 20 mEq	10 mEq, intravenous, for 60 Minutes, every 1 hour, For 2 Doses Total dose of 20 mEq; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> central line IV - potassium 20 mEq	20 mEq, intravenous, for 60 Minutes, once, For 1 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.

Magnesium

For magnesium level less than 2.0

<input type="checkbox"/> magnesium sulfate IV	2 g, intravenous, once, For 1 Doses
<input type="checkbox"/> magnesium oxide (MAG-OX) tablet	400 mg, oral, 2 times daily

Antiarrhythmic Medication

Medications

[] Antiarrhythmics (Single Response)

() digoxin IV loading and maintenance	"Followed by" Linked Panel
[] digoxin (LANOXIN) loading dose	intravenous, once, For 1 Doses Indication: Arrhythmia
[] digoxin (LANOXIN) maintenance	0.25 mg, intravenous, every 6 hours, Starting H+6 Hours, For 2 Doses Hold for heart rate less than 60 Indication: Arrhythmia
() digoxin oral loading and maintenance	"Followed by" Linked Panel
[] digoxin (LANOXIN) tablet loading dose	500 mcg, oral, daily, For 2 Doses Indication: Arrhythmia
[] digoxin (LANOXIN) tablet maintenance dose	125 mcg, oral Hold for heart rate less than 60 Indication: Arrhythmia
() digoxin (LANOXIN) 0.125 mg tablet	0.125 mg, oral, once, For 1 Doses Hold for heart rate less than 60 beats per minute. Indication: Arrhythmia
() propafenone (RYTHMOL) tablet	150 mg, oral, every 8 hours scheduled
() flecainide (TAMBOCOR) tablet	100 mg, oral, every 12 hours scheduled
() sotalol (BETAPACE) oral tablet -AND- Pharmacy Consult	"And" Linked Panel

Orders for sotalol (BETAPACE) require a Pharmacy Consult. Do not remove the attached consult order.

[] sotalol (BETAPACE) tablet (RESTRICTED)	oral, 2 times daily at 0600, 1800 Initiation of therapy is RESTRICTED to Cardiology specialists. Continuation of home therapy is not restricted to Cardiology specialist. Please attest that these restrictions are met: if (answer = Yes, I am initiating therapy as an approved provider) Name of Approved Provider: if (answer = No) HM Policy Alert: if (answer = Formulary policy override (pharmacist use only)) RX only: Provide name of secondary pharmacist who provided authorization and open a "Formulary Policy Override" i-Vent: BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): BP & HR HOLD for: Heart Rate LESS than 60 bpm, Systolic BP LESS than 120 mmHg if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:
[] Pharmacy consult to monitor sotalol (BETAPACE) therapy	STAT, Until discontinued, Starting S

[] Antihypertensives (Single Response)

() diltiazem bolus and infusion

<input type="checkbox"/>	diltiazem (CARDIZEM) initial loading dose	0.25 mg/kg, intravenous, for 2 Minutes, once, For 1 Doses
<input type="checkbox"/>	diltiazem (CARDIZEM) repeat loading dose	0.35 mg/kg, intravenous, for 2 Minutes, once PRN, if first dose tolerated but desired response not obtained Administer over 2 minutes 15 minutes after initial loading dose as needed if first dose tolerated, but desired response not obtained. (20% reduction in heart rate from baseline or heart rate less than or equal to 100) and systolic blood pressure greater than 100 millimeters of mercury.
<input type="checkbox"/>	diltiazem (CARDIZEM) infusion	5 mg/hr, intravenous, continuous
<input type="checkbox"/>	diltiazem CD (CARDIZEM CD) 24 hr capsule	oral, daily Hold for heart rate less than *** beats per minute; systolic blood pressure less than *** millimeters of mercury. BP & HR HOLD parameters for this order: if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:
<input type="checkbox"/>	diltiazem (CARDIZEM) tablet	oral, every 6 hours scheduled Hold for heart rate less than *** beats per minute; systolic blood pressure less than *** millimeters of mercury. BP & HR HOLD parameters for this order: if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:
<input type="checkbox"/>	verapamil (CALAN) tablet	80 mg, oral, every 8 hours scheduled BP & HR HOLD parameters for this order: if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:
<input type="checkbox"/>	verapamil (ISOPTIN) injection	intravenous
<input type="checkbox"/>	Beta Blockers (Single Response)	

<p>() metoprolol tartrate (LOPRESSOR) tablet</p>	<p>25 mg, oral, 2 times daily at 0600, 1800 Start 15 minutes after last IV dose if given. Hold for systolic blood pressure less than *** millimeters of mercury; heart rate less than *** beats per minute. BP & HR HOLD parameters for this order: if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:</p>
<p>() metoprolol (LOPRESSOR) 5 mg IV push</p>	<p>5 mg, intravenous, for 1-2 Minutes, every 5 min PRN, high blood pressure, For 3 Doses Hold for systolic blood pressure less than *** millimeters of mercury heart rate less than *** beats per minute. BP & HR HOLD parameters for this order: if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:</p>
<p>() metoprolol (LOPRESSOR) injection</p>	<p>5 mg, intravenous, every 4 hours Hold for systolic blood pressure less than *** millimeters of mercury; heart rate less than *** beats per minute. BP & HR HOLD parameters for this order: if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:</p>
<p>() metoprolol succinate XL (TOPROL-XL) 24 hr tablet</p>	<p>oral, daily at 1800 Hold for systolic blood pressure less than *** millimeters of mercury; heart rate less than *** beats per minute. BP & HR HOLD parameters for this order: if (answer = BP & HR HOLD Parameters requested) BP & HR HOLD for: if (answer = Other Systolic BP) Hold for Systolic BP LESS than (in mmHg): if (answer = Other Heart Rate) Hold for Heart Rate LESS than (in bpm): if (answer = Other MAP) Hold for Mean Arterial Pressure LESS than (in mmHG): if (answer = Other Doppler BP (LVAD)) Hold for Doppler Pressure (LVAD) LESS than (in mmHg): Contact Physician if:</p>

() CENTRAL Line Administration (Single Response)

() Loading Dose and Maintenance Infusion (Single Response)

Select Standard or Double concentration

() Standard

- | | |
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| <input type="checkbox"/> CENTRAL Line Administration: amlODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation- NOT HMWB | "Followed by" Linked Panel |
| <input type="checkbox"/> amlODarone (CORDArone) 150 mg BOLUS | 150 mg, intravenous, once, Starting S, For 1 Doses
Patients should be monitored for QTc prolongation. |
| <input type="checkbox"/> amlODarone 1.8 mg/mL (STANDARD concentration) infusion | 1 mg/min, intravenous, continuous, Starting H+10 Minutes
Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours.
HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. |
| <input type="checkbox"/> REDUCE rate for amlODarone (CORDArone) 450 mg/ 250 mL NS | 0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses
HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused. |
| <input type="checkbox"/> amlODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag | 0.5 mg/min, intravenous, continuous, Starting H+8 Hours
HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. |
| <input type="checkbox"/> CENTRAL Line Administration: amlODarone (CORDArone) 150 mg LOADING Dose followed by STANDARD concentration 24-hour Infusion for Atrial Fibrillation-HMWB ONLY | "Followed by" Linked Panel |
| <input type="checkbox"/> amlODarone (CORDArone) 150 mg BOLUS | 150 mg, intravenous, once, Starting S, For 1 Doses
Patients should be monitored for QTc prolongation. |
| <input type="checkbox"/> amlODarone 1.8 mg/mL (STANDARD concentration) infusion | 1 mg/min, intravenous, continuous, Starting H+10 Minutes
Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours.
HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. |
| <input type="checkbox"/> REDUCE rate for amlODarone (CORDArone) infusion | 0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses
HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused. |
| <input type="checkbox"/> amlODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag | 0.5 mg/min, intravenous, continuous, Starting H+8 Hours
HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. |

() Double

- | | |
|--|---|
| <input type="checkbox"/> CENTRAL Line Administration: amlODarone (CORDArone) 150 mg LOADING Dose followed by DOUBLE concentration 24-hour Infusion for Atrial Fibrillation | "Followed by" Linked Panel |
| <input type="checkbox"/> amlODarone (CORDArone) 150 mg BOLUS | 150 mg, intravenous, once, Starting S, For 1 Doses
Patients should be monitored for QTc prolongation. |
| <input type="checkbox"/> amlODarone (CORDArone) 900 mg/ 250 mL NS | 1 mg/min, intravenous, continuous, Starting H+10 Minutes
Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours.
HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. |

<input type="checkbox"/> REDUCE rate for amIODarone (CORDArone) 900 mg/ 250 mL infusion	0.5 mg/min, intravenous, continuous, Starting H+6 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
() Maintenance Infusion (Single Response) Select Standard or Double Concentration	
() Standard	
<input type="checkbox"/> NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - NOT HMWB	"Followed by" Linked Panel
<input type="checkbox"/> amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line.
<input type="checkbox"/> REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL NS	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
<input type="checkbox"/> NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - HMWB Only	"Followed by" Linked Panel
<input type="checkbox"/> amIODarone 1.8 mg/mL (STANDARD concentration) infusion	1 mg/min, intravenous, continuous Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
<input type="checkbox"/> REDUCE rate for amIODarone (CORDArone) 360 mg/ 200 mL NS	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amIODarone 1.8 mg/mL (STANDARD concentration) infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
() Double (Single Response)	
() NO LOADING DOSE - Central Line Administration: amIODarone (CORDArone) Double Concentration 24-hour Infusion for Atrial Fibrillation	"Followed by" Linked Panel
<input type="checkbox"/> amIODarone (CORDArone) 900 mg/ 250 mL NS	1 mg/min, intravenous, continuous Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line.

<input type="checkbox"/> REDUCE rate for amIODarone (CORDArone) 900 mg/ 250 mL NS	0.5 mg/min, intravenous, continuous, Starting H+6 Hours Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line. Do not take down 1st infusion until entire content of bag is infused.
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() Peripheral Line Administration (Single Response)

() Loading Dose and Maintenance Infusion

<input type="checkbox"/> PERIPHERAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by 24-hour Infusion for Atrial Fibrillation -NOT HMWB (Selection Required)	"Followed by" Linked Panel
<input type="checkbox"/> amIODarone (CORDArone) 150 mg LOADING Dose	150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation.
<input type="checkbox"/> amIODarone (CORDArone) 450 mg/ 250 mL infusion - 1st bag	1 mg/min, intravenous, continuous, Starting H+10 Minutes Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
<input type="checkbox"/> REDUCE rate for amIODarone (CORDArone) 450 mg/ 250 mL infusion	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amIODarone (CORDArone) 450 mg/ 250 mL infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.

<input type="checkbox"/> PERIPHERAL Line Administration: amIODarone (CORDArone) 150 mg LOADING Dose followed by 24-hour Infusion for Atrial Fibrillation -HMWB ONLY (Selection Required)	"Followed by" Linked Panel
<input type="checkbox"/> amIODarone (CORDArone) 150 mg LOADING Dose	150 mg, intravenous, once, Starting S, For 1 Doses Patients should be monitored for QTc prolongation.
<input type="checkbox"/> amIODarone (CORDArone) 360 mg/ 200 mL infusion - 1st bag	1 mg/min, intravenous, continuous, Starting H+10 Minutes Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
<input type="checkbox"/> REDUCE rate for amIODarone (CORDArone) infusion	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amIODarone (CORDArone) 360 mg/ 200 mL infusion - 2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours.

() Maintenance Infusion

<input type="checkbox"/> NO LOADING DOSE - Peripheral Line Administration: amIODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation	"Followed by" Linked Panel
<input type="checkbox"/> amIODarone (CORDArone) 450 mg/ 250 mL infusion - 1st bag	1 mg/min, intravenous, continuous, Starting H Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.

<input type="checkbox"/> REDUCE rate for amlODarone (CORDArone) 450 mg/ 250 mL infusion	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amlODarone (CORDArone) infusion solution -2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours
<input type="checkbox"/> NO LOADING DOSE - Peripheral Line Administration: amlODarone (CORDArone) STANDARD concentration 24-hour Infusion for Atrial Fibrillation - HMWB Only	"Followed by" Linked Panel
<input type="checkbox"/> amlODarone (CORDArone) 360 mg/ 200 mL infusion - 1st bag	1 mg/min, intravenous, continuous, Starting H Start with 1 mg/min for 6 hours. Decrease to 0.5 mg/min for 18 hours. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a CENTRAL line or PICC line if infusion duration is GREATER than 24 hours.
<input type="checkbox"/> REDUCE rate for amlODarone (CORDArone) infusion	0.5 mg/min, intravenous, once, Starting H+6 Hours, For 1 Doses Patients should be monitored for QTc prolongation. Use in-line filter to help prevent Phlebitis. HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours. Do not take down 1st infusion until entire content of bag is infused.
<input type="checkbox"/> amlODarone (CORDArone) infusion solution -2nd bag	0.5 mg/min, intravenous, continuous, Starting H+8 Hours HOLD Infusion for heart rate LESS THAN 60 or pauses GREATER THAN 2.5 seconds. MUST be infused via a central line or PICC line if infusion duration is GREATER THAN 24 hours

amlODarone (PACErone) tablet

You MUST be sure the oral tablet order is set to start TOMORROW with the start time set to 24 hours AFTER the start time of the INITIAL infusion order above.

<input type="checkbox"/> amlODarone (PACERONE) tablet **** You MUST CHANGE the START DATE to TOMORROW and set the Start TIME to be 24 hours after the Start Time of the Infusion	200 mg, oral, every 24 hours, Starting H+24 Hours amiodarone (Pacerone) tablets must start 24 hours after the start of the infusion order.
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Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.

<input type="checkbox"/>	ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/>	promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/>	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

<input type="checkbox"/>	ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input type="checkbox"/>	ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input type="checkbox"/>	ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/>	promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/>	promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/>	promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Anticoagulation

Warfarin (Single Response)

() Warfarin Management with Pharmacy Consult CPOE		
<input type="checkbox"/>	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
<input type="checkbox"/>	Prothrombin time with INR	AM draw repeats For 3 Occurrences
() Warfarin (COUMADIN) - NO Pharmacy Consult CPOE		
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication: if (answer = Other (Specify indication & Target INR)) Specify indication & Target INR (free text): if (answer = LVAD (Specify Target INR)) Target INR:
<input type="checkbox"/>	Notify Physician for INR GREATER than 4	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL):

Platelets less than:
 Potassium greater than (mEq/L):
 Potassium less than (mEq/L):
 PT/INR greater than:
 PT/INR less than:
 PTT greater than:
 PTT less than:
 Serum Osmolality greater than:
 Serum Osmolality less than:
 Sodium greater than:
 Sodium less than:
 WBC greater than:
 WBC less than:
 Other Lab (Specify):

<input type="checkbox"/> STAT CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/> STAT Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/> Routine Prothrombin time with INR - AM Draw	AM draw repeats For 3 Occurrences
<input type="checkbox"/> For SNF Units - Prothrombin time with INR every 7 days	Weekly, Starting S For Until specified

Heparin (Single Response)

() Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses	STAT, Until discontinued, Starting S Heparin Indication: if (answer = Other (specify)) Specify Other Heparin Indication: Specify: Monitoring: Anti-Xa
() Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE) - with titration boluses	STAT, Until discontinued, Starting S Heparin Indication: if (answer = Other (specify)) Specify Other Heparin Indication: Specify: Specify: Monitoring:

Aspirin and Enoxaparin (LOVENOX)

<input type="checkbox"/> aspirin chewable tablet	162 mg, oral, daily
<input type="checkbox"/> aspirin tablet	325 mg, oral, daily
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)	
() CrCl greater than or equal to 30 mL/min	1 mg/kg, subcutaneous, every 12 hours scheduled Indication(s): if (answer = Other) Specify:
() CrCl less than 30 mL/min	1 mg/kg, subcutaneous, daily at 1700 Indication(s): if (answer = Other) Specify:

rivaroxaban (XARELTO) Oral Tablet (Single Response)

CrCl greater than 50 mL/min: 20 mg oral daily at 1700
 CrCl 15-50 mL/min: 15 mg oral daily at 1700

() rivaroxaban (XARELTO) tablet for Atrial Fibrillation Patients	"And" Linked Panel
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All orders for rivaroxaban (XARELTO) require a Pharmacy Consult. Do not remove the attached consult order.

<input type="checkbox"/>	rivaroxaban (XARELTO) tablet	15 mg, oral, daily at 1700 Indications: Atrial Fibrillation if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	Basic metabolic panel	Once For 1 Occurrences
<input type="checkbox"/>	CBC hemogram	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time, activated	Once For 1 Occurrences

dabigatran (PRADAXA) Oral Capsule (Single Response)

CrCl greater than 30 mL/min: 150 mg oral 2 times daily
CrCl 15-30 mL/min: 75 mg oral 2 times daily

() dabigatran (PRADAXA) capsule for Atrial Fibrillation Patients **"And" Linked Panel**

All orders for dabigatran (PRADAXA) require a Pharmacy Consult. Do not remove the attached consult order.

<input type="checkbox"/>	dabigatran etexilate (PRADAXA) capsule	oral, 2 times daily Indications: Atrial Fibrillation if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	Pharmacy consult to monitor dabigatran (PRADAXA) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	Basic metabolic panel	Once For 1 Occurrences
<input type="checkbox"/>	CBC hemogram	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time, activated	Once For 1 Occurrences

apixaban (ELIQUIS) Oral Tablet (Single Response)

1 or no risk factors: 5 mg oral 2 times daily
2 or more risk factors: 2.5 mg oral 2 times daily

Risk Factors:

1. Age greater than or equal to 80
2. Weight less than or equal to 60 kg
3. SCr greater than or equal to 1.5 mg/dL

() apixaban (ELIQUIS) tablet for Atrial Fibrillation Patients **"And" Linked Panel**

All orders for apixaban (ELIQUIS) require a Pharmacy Consult. Do not remove the attached consult order.

<input type="checkbox"/>	apixaban (ELIQUIS) tablet	oral, 2 times daily Indications: Atrial Fibrillation if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: Atrial Fibrillation if (answer = Other: Specify) Specify Other Indication:
<input type="checkbox"/>	Basic metabolic panel	Once For 1 Occurrences
<input type="checkbox"/>	CBC hemogram	Once For 1 Occurrences
<input type="checkbox"/>	Prothrombin time with INR	Once For 1 Occurrences
<input type="checkbox"/>	Partial thromboplastin time, activated	Once For 1 Occurrences

Cardiology Imaging

ECG

<input type="checkbox"/> ECG 12 lead	STAT, Once Clinical Indications: if (answer = Other:) Other: Interpreting Physician:
<input type="checkbox"/> ECG 12 lead tomorrow	Routine, Once, Starting S+1 For 1 Occurrences Clinical Indications: if (answer = Other:) Other: Interpreting Physician:
<input type="checkbox"/> ECG 12 lead if HR greater than 140	STAT, Conditional Frequency For 1 Occurrences Clinical Indications: Tachycardia if (answer = Other:) Other: Interpreting Physician: Conditional to be released for heart rate greater than 140. Notify Attending.

ECHO

<input type="checkbox"/> Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM
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X-ray

<input type="checkbox"/> Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
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Respiratory

Respiratory

<input type="checkbox"/> Oxygen therapy	Routine, Continuous Device: Nasal Cannula if (answer = Nasal Cannula) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Simple Face Mask) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Non-rebreather mask) Rate in liters per minute: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = T-piece) Or (answer = Aerosol Mask) Or (answer = Face Tent) Or (answer = Trach Collar) O2 %: if (answer = Other (Specify)) Specify O2 %: Titrate to keep O2 Sat Above: if (answer = Other (Specify)) Specify titration to keep O2 Sat (%) Above: if (answer = Venturi Mask) FiO2: if (answer = Other (Specify)) Specify O2 %: Titrate to keep O2 Sat Above: if (answer = Other (Specify))
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Specify titration to keep O2 Sat (%) Above:
if (answer = Other (Specify))
Specify:
Titrate to keep O2 Sat Above:
if (answer = Other (Specify))
Specify titration to keep O2 Sat (%) Above:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
if (answer = Heated High Flow)
Device:
Rate in liters per minute:
if (answer = Other (Specify))
Specify Flowrate (Lpm):
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Rate in liters per minute: 2 Lpm
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
Device 2:
if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Simple Face Mask)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = High Flow Nasal Cannula (HFNC))
Rate in liters per minute:
Rate in tenths of a liter per minute:
if (answer = Other (Specify))
Specify lpm:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Non-rebreather mask)
Rate in liters per minute:
if (answer = T-piece) Or (answer = Aerosol Mask) Or
(answer = Face Tent) Or (answer = Trach Collar)
O2 %:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Venturi Mask)
FiO2:
if (answer = Other (Specify))
Specify O2 %:
if (answer = Other (Specify))
Specify:
Device 3:
if (answer = Nasal Cannula)
Rate in liters per minute:
Rate in tenths of a liter per minute:
O2 %:
if (answer = Other (Specify))

Specify O2 %:
 if (answer = Simple Face Mask)
 Rate in liters per minute:
 Rate in tenths of a liter per minute:
 O2 %:
 if (answer = Other (Specify))
 Specify O2 %:
 if (answer = High Flow Nasal Cannula (HFNC))
 Rate in liters per minute:
 Rate in liters per minute:
 if (answer = Other (Specify))
 Specify lpm:
 O2 %:
 if (answer = Other (Specify))
 Specify O2 %:
 O2 %:
 if (answer = Other (Specify))
 Specify O2 %:
 if (answer = Non-rebreather mask)
 Rate in liters per minute:
 if (answer = T-piece) Or (answer = Aerosol Mask) Or
 (answer = Face Tent) Or (answer = Trach Collar)
 O2 %:
 if (answer = Other (Specify))
 Specify O2 %:
 if (answer = Venturi Mask)
 FiO2:
 if (answer = Other (Specify))
 Specify O2 %:
 if (answer = Other (Specify))
 Specify:
 Titrate to keep O2 Sat Above: 92%
 if (answer = Other (Specify))
 Specify titration to keep O2 Sat (%) Above:
 Indications for O2 therapy: Hypoxemia
 if (answer = Other)
 Specify:

Consults

Physician Consult

Consult Cardiology

Reason for Consult?
 Patient/Clinical information communicated?
 if (answer = Answering service)
 Additional information:
 Best call back number:
 Patient/clinical information communicated?
 if (answer = Consultant not contacted)
 Will you contact the consultant?
 if (answer = No)
 Best call back number:
 if (answer = Yes)
 Best call back number:
 if (answer = Answering service notified)
 Additional information:
 Best call back number: