ATRIAL FIB SS
Atrial fibrillation SS

MEDICATIONS
Anticoagulant medications: LMWH's Evidence
☐ Enoxaparin (Lovenox) 1 mg/Kg =_____mg SubQ Q 12 Hrs. Pharmacy to adjust per renal dosing protocol.
Indication: AFib

Anticoagulant medications: Unfractionated Heparin Evidence
☐ Heparin Per Pharmacy Protocol. (Bolus and Drip). Indication: AFib Goal PTT = 55-75.

Anticoagulant medications: Vitamin K Antagonists Evidence
REMINDER: For patients at high risk for stroke, a vitamin K antagonist should be used; for patients at moderate risk for stroke, consider the use of a vitamin K antagonist; the goal INR should be 2.0 to 3.0, with a target value of 2.5.
☐ Warfarin Therapy Per Pharmacy Protocol. Indication: AFib Goal INR = 2-3.

Anticoagulant medications: Platelet Inhibitors Evidence
REMINDER: For patients at low risk for stroke or who have contraindications to anticoagulation, a platelet inhibitor should be used.
☐ Aspirin EC 81 mg Po daily

Anticoagulant medications: Antithrombotics ***Physician to select ONE drug only***
RESTRICTION CRITERIA: Dabigatran (Pradaxa) and Rivaroxaban (Xarelto)
1 – Initiation of therapy is restricted to Cardiologists.
2 – Indication = Prevention of thromboembolic stroke in patients with non-valvular atrial fibrillation.
3 – Monitor baseline serum creatinine to determine appropriate dose. Baseline lab results prior to admission are acceptable if done within 4 weeks of admission. Abnormal baseline lab is to be repeated at the time of therapy.
☐ Dabigatran (Pradaxa) 150 mg Po BID
☐ Rivaroxaban (Xarelto) 20 mg Po Daily

Cardiac medications: Class III Anti-arrhythmics Dronedarone (Multaq) Evidence
RESTRICTION CRITERIA: Dronedarone (Multaq)
1 – For pts newly initiated on dronedarone in the HOSPITAL for A.Fib/Flutter: must be prescribed by a cardiologist.
2 – For pts on dronedarone PTA, physicians other than cardiologists must obtain a cardiology consult (informal verbal consult is acceptable) to continue therapy in the hospital due to the black box warning contraindication in pts with NYHA Class IV or certain Class II & III heart failure.
☐ Dronedarone (Multaq) 400 mg Po BID with meals

Cardiac medications: Class III Anti-arrhythmics Amiodarone (Cordarone) Evidence
☐ Amiodarone (Cordarone) Bolus - 150 mg/100 mL D5W IVPB over 10 mins x 1 dose.
☐ Amiodarone (Cordarone) Drip - 450 mg/250 mL D5W continuous IV infusion. Start at 1 mg/min x 6 Hrs, then 0.5 mg/min. Use an in-line filter (1.2 micron). Hold if HR < 60.

Cardiac medications: Class III Anti-arrhythmics Ibutilide (Corvert) Evidence
RESTRICTION CRITERIA: Ibutilide (Corvert)
1 - Ibutilide prescribing is restricted to cardiologists and must be administered in a setting of continuous ECG monitoring.
**For Pts < 60 Kg, use wt based dosing/dosing set
☐ Ibutilide (Corvert) (0.01 mg/Kg) =_____mg IVPB over 10 mins x 1 dose
**For Pts > or = 60 Kg, use 1 mg dose
☐ Ibutilide (Corvert) 1 mg IVPB over 10 mins x 1 dose

Cardiac medications: Class IC Antiarrythmics Evidence ***Physician to select ONE dose only***
☐ Propafenone (Rythmol) 150 mg Po TID

☐ Propafenone (Rythmol) 225 mg Po TID
☐ Propafenone (Rythmol) 300 mg Po TID

Cardiac medications: Beta-Blockers Evidence ***Physician to select ONE drug only***
☐ Atenolol (Tenormin) 50 mg Po Daily. Hold if HR < 60 or SBP < 90.
☐ Carvedilol (Coreg) 6.25 mg Po BID. Hold if HR < 60 or SBP < 90.
☐ Metoprolol tartrate (Lopressor) 50 mg Po BID. Hold if HR < 60 or SBP < 90.

Cardiac medications: Calcium Channel Blockers Evidence ***Physician to select ONE dose only***
☐ Diltiazem (Cardizem) BOLUS – 15 mg IV Push over 2 mins x 1 dose then start a continuous IV infusion (if ordered).
☐ Diltiazem (Cardizem) DRIP - 125 mg/125 mL NS continuous IV infusion at 5 mg/Hr. Hold if HR < 60.
☐ Diltiazem IR (Cardizem) 30 mg Po QID. Hold if HR < 60 or SBP < 90.
☐ Diltiazem SR (Tiazac) 180 mg Po Daily. Hold if HR < 60 or SBP < 90.

Cardiac medications: Cardiac Glycosides Evidence
****Digoxin Bolus orders***
☐ Digoxin (Lanoxin) 0.5 mg IV Push over 5 mins x 1 dose STAT.
☐ Digoxin (Lanoxin) 0.25 mg IV Push over 5 mins Q 6 Hrs x 2 doses, start 6 Hrs after STAT dose of Digoxin is given (if ordered). Hold if HR < 60.
****Digoxin Maintenance orders* *Physician to select ONE dose only***
☐ Digoxin (Lanoxin) 0.125 mg Po daily. Hold if HR < 60.
☐ Digoxin (Lanoxin) 0.125 mg IV Push over 5 mins daily. Hold if HR < 60.
☐ Digoxin (Lanoxin) 0.25 mg Po daily. Hold if HR < 60.
☐ Digoxin (Lanoxin) 0.25 mg IV Push over 5 mins daily. Hold if HR < 60.

Other medicatons:_____

***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY – Cardiac Markers
☐ Cardiac Enzymes w/ Troponin – STAT

LABORATORY - Chemistry
☐ Magnesium level – In AM
☐ Phosphorus level - In AM
☐ TSH Reflex (TSHREF) - In AM

LABORATORY - Coagulation
☐ Partial Thromboplastin time (PTT),
☐ Prothrombin time (PT) and international normalized ratio (INR)

LABORATORY - Toxicology
☐ Digoxin level - In AM

DIAGNOSTIC - Cardiology
☐ Electrocardiogram (12-lead ECG) – In AM
☐ Echocardiogram, transthoracic – In AM Evidence

MD CONSULTS
REMINDER: Consider specialty referral (Cardiac Electrophysiology, Cardiology)
☐Consult to cardiac electrophysiology Evidence
☐Consult to cardiology

REMINDERS

- For patients with unexplained atrial fibrillation, do not perform endomyocardial biopsy Evidence