

NEW ONSET ATRIAL FIBRILLATION ORDERS

1) 2D Echocardiogram Dr. _____ to read.

- 2) Lab Tests ordered ASAP
- TSH
 - INR
 - PTT
 - CBC
 - Chest Pain Panel, if clinically indicated

3) EKG

4) Rate Control medications AND/OR Chemical Cardioversion medications (if appropriate)

5) Anticoagulation:

Weight-based Heparin Protocol

Warfarin (Coumadin) _____ mg po today at 1800

Other Medication(s): _____

Physician Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

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MR.ORDER

SVPOD-179 (12/08)

PATIENT LABEL

Atrial Fibrillation – Medical Inpatients

