**Dofetilide (Tikosyn) for Atrial fibrillation/flutter** [30400607]

**Height______________________**

**Weight______________________**

**Allergies____________________**

If appropriate for patient condition, please consider the following order set: Cardioversion Physician order #032

### General

#### Vital Signs

| [X] Vital signs | Routine, Per unit routine, Starting today, and PRN |
| [ ] Other | |

#### Consent

| [ ] Verify consent | Routine, Once, Starting today |
| [ ] Verify informed consent | Routine, Once, Starting today |

- Indicate one of the following to confirm the patient/representative has given informed consent for blood products.
- Is on chart

#### Notify/Consult

| [X] Pharmacy consult | Routine, Once, Starting today |
| [ ] Other | |

- Pharmacy to review patient meds?
- Check for drug interactions?
- Pharmacist to dose TPN?
- Help with medication dosing – please indicate drug: Dofetilide.
- Other request?

| [X] Notify provider | Routine, Until discontinued, Starting today |
| [ ] Other | |

- Pulse greater than: _________________
- Respiratory rate less than: _________________
- Respiratory rate greater than: _________________
- Temperature greater than (celsius): _________________
- Urine output less than (mL/hr): _________________
- Systolic BP greater than: _________________
- Systolic BP less than: _________________
- Diastolic BP greater than: _________________
- Diastolic BP less than: _________________
- Other: _________________

and DO NOT initiate dofetilide (Tikosyn) treatment for:

- a) Calculated creatinine clearance less than 20ml/minute
- b) Drug Interactions
- c) Hypokalemia less than 4.0 mEq/L
- d) Hypomagnesemia less than 1.5 mg/dL
- e) Baseline QTc greater than 0.44 seconds (greater than 0.5 seconds if bundle branch block present) per automated 12-lead ECG results
- f) Sinus rhythm on admit

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**Date/Time**

**Provider Initials:**

**Franciscan Health System**
St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harrison Medical Centers
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

**PROVIDER ORDERS**
### Patient Information

#### Diet

**General Diet**
- Diet effective now, Starting today
- Select/Nonselect: ________________________________ (Required)
- Additional Modifiers:
- Viscosity/Liquids:
- Texture:
- Fluid Restriction / day:
- Supplements:
- Diet Comments:

**Diabetic Diet**
- Diet effective now, Starting today
- Diet, Diabetic:
- Select/Nonselect: ________________________________ (Required)
- Additional Modifiers:
- Viscosity/Liquids:
- Texture:
- Fluid Restriction / day:
- Supplements:
- Diet Comments:

**Cardiac Diet**
- Diet effective now, Starting today
- Select/Nonselect: ________________________________ (Required)
- Additional Modifiers:
- Viscosity/Liquids:
- Texture:
- Fluid Restriction / day:
- Supplements:
- Diet Comments:

#### Activity

- **Up ad lib**: Routine, Until discontinued, Starting today For Until specified
- Other

#### Nursing Assessment

- **Intake and Output**: Routine, Every shift Starting today Per unit protocol and PRN
- **RN to document QTc interval**: Routine, Until discontinued Starting today Per Automated 12-lead ECG, time the interval was measured, and dofetilide dose and administration time.

#### Labs

- **TPN panel 10**: Once, Starting today CC Provider? ...
- **Digoxin level**: Once, Starting today CC Provider?
**Hematology**

<table>
<thead>
<tr>
<th>[ ] CBC and differential</th>
<th>Once, Starting today</th>
<th>CC Provider?</th>
<th>For 1 Occurrences</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Coagulation**

<table>
<thead>
<tr>
<th>[ ] Protimo-INR</th>
<th>Once, Starting today</th>
<th>CC Provider?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cardiac Tests**

**Cardiac**

<table>
<thead>
<tr>
<th>[ ] ECG 12 lead</th>
<th>Routine, Once, Starting today</th>
<th>For 1 Occurrences</th>
<th>Reason for Exam (Signs &amp; Symptoms): ________________ (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] ECG 12 lead</td>
<td>Routine, Every 12 hours, Starting today</td>
<td>For 5 Occurrences</td>
<td>Reason for Exam (Signs &amp; Symptoms): ________________ (Required)</td>
</tr>
</tbody>
</table>

Record QTc per automated 12 lead ECG result two hours after each subsequent dose (dose 2-5) and continue dofetilide unless QTc increase to greater than 0.5 second following dose #2 or subsequent doses (0.55 second if BBB present). If this happens, notify physician to discontinue dofetilide.

* Following dose #3 notify Pharmacist for discharge prescriptions and patient education.

| [ ] Other                |                      |              |                  |

**IV Fluids**

**Saline Lock**

<table>
<thead>
<tr>
<th>[ ] Saline lock and Flush Panel</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] sodium chloride 0.9 % syringe</td>
<td>10 mL, IntraCatheter,</td>
<td>Every 8 hours, Routine</td>
</tr>
<tr>
<td>[ ] Saline lock IV</td>
<td>Routine, Continuous,</td>
<td>Starting today</td>
</tr>
<tr>
<td>[ ] Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medications**

**Medications**

<table>
<thead>
<tr>
<th>[X] dofetilide (TIKOSYN) capsule</th>
<th>Dose: 125 mcg</th>
<th>Route: Oral</th>
<th>Frequency: Every 12 hours</th>
<th>Use Dofetilide (Tikosyn) Protocol Routine</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>[ ] temazepam (RESTORIL) capsule</th>
<th>Dose: 15 mg</th>
<th>Route: Oral</th>
<th>Frequency: Nightly PRN, PRN reason: sleep</th>
<th>PRN Comment: Routine</th>
</tr>
</thead>
</table>

| [ ] Other                        |                      |              |                  |

**Date/Time**

Provider Initials: ________________________

PATIENT INFORMATION

[Franciscan Health System]

St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harrison Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

**PROVIDER ORDERS**
[X] acetaminophen (TYLENOL) tablet
   Dose: 325-650 mg
   Route: Oral
   Frequency: Every 4 hours PRN
   PRN reason: mild pain
   PRN Comment: ____________________________
   Route

[X] magnesium hydroxide (MILK OF MAGNESIA) suspension
   400 mg/5mL
   Dose: 30 mL
   Route: Oral
   Frequency: Daily as needed
   PRN reason: constipation
   PRN Comment: ____________________________
   Only if serum creatinine less than 1.8mg/dl
   Routine

[X] aluminum/magnesium hydroxide & simethicone (MAALOX MAX) oral suspension
   Dose: 30 mL
   Route: Oral
   Frequency: Every 4 hours PRN
   PRN reason: indigestion
   PRN Comment: ____________________________
   Only if serum creatinine is less than 1.8
   Routine

[] Other

Nicotine Replacement Therapy

Nicotine Replacement therapy will be avoided if possible in patient with unstable acute coronary syndrome for 72 hours. After 72 hours if chest pain, arrhythmias, and/or blood pressure have stabilized, Nicotine replacement may be considered at ONE STEP below the calculated replacement dose. NOTE: 1/2 pack = 10 cigarettes

The nicotine products listed below may be used as monotherapy or in combination therapy. Combination therapy should include a nicotine patch plus either nicotine gum or nicotine lozenges.

<table>
<thead>
<tr>
<th>Smoking History</th>
<th>Recommended Starting Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step down therapy after initial nicotine Replacement for 6-7 weeks</td>
<td>Nicotine patch, 7mg</td>
</tr>
<tr>
<td>10 Cigarettes per Day or less, past history Of cardiovascular disease, or weight under 45 kg</td>
<td>Nicotine patch, 14 mg</td>
</tr>
<tr>
<td>Heavy smokers (More than 10 cigarettes/day</td>
<td>Nicotine patch, 21 mg</td>
</tr>
<tr>
<td>Smokeless tobacco users, pipe Smokers or at patient request</td>
<td>Nicotine Gum, 2mg</td>
</tr>
</tbody>
</table>

Note to provider: Insulin requirements may change - monitor blood sugars. Topical Steroids and oral antihistamines may be recommended to treat less severe skin irritations.

[] No Smoking while on nicotine replacement therapy
   Routine, Until discontinued, Starting today
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Prescription Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>nicotine (NICODERM CQ) patch 7 mg</td>
<td>1 patch, TransDermal, for 24 Hours, Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change skin site daily and do not reuse for one week. Discontinue patch and notify prescriber if patient develops severe rash, chest pain, irregular heartbeat, palpitations, nausea, or vomiting. If severe rash develops, contact pharmacist with order to change to nicotine (Nicorette) gum.</td>
<td>Routine</td>
</tr>
<tr>
<td>nicotine (NICODERM CQ) patch 14 mg/24 hr</td>
<td>1 patch, TransDermal, for 24 Hours, Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change skin site daily and do not reuse for one week. Discontinue patch and notify prescriber if patient develops severe rash, chest pain, irregular heartbeat, palpitations, nausea, or vomiting. If severe rash develops, contact pharmacist with order to change to nicotine (Nicorette) gum.</td>
<td>Routine</td>
</tr>
<tr>
<td>nicotine (NICODERM CQ) patch 21 mg/24 hr</td>
<td>1 patch, TransDermal, for 24 Hours, Daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change skin site daily and do not reuse for one week. Discontinue patch and notify prescriber if patient develops severe rash, chest pain, irregular heartbeat, palpitations, nausea, or vomiting. If severe rash develops, contact pharmacist with order to change to nicotine (Nicorette) gum.</td>
<td>Routine</td>
</tr>
<tr>
<td>nicotine polacrilex (NICORETTE) gum 2 mg</td>
<td>2 mg, Buccal, As needed, smoking cessation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum = 24 pieces/24 hours</td>
<td>Routine</td>
</tr>
</tbody>
</table>

Other:

Provider signature:

Date/Time: ________________________

Printed Name of Ordering Provider: __________________________________________

Provider Signature: _______________________________________________________

Date/Time: ____________________

RN Acknowledged: ___________________________________________________________

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Dofetilide (Tikosyn) for Atrial fibrillation/flutter [30400607]