UNIVERSITY MEDICAL CENTER INTERDISCIPLINARY

is a suggested interdisciplinary plan of **Disclaimer:** The care. This is only a guideline. The patient problem, outcomes and

interventions may be changed to meet the individual needs	of the
patient. Physician/Medical orders supersede all pre-printed	ADDRESSOGRAPH
interventions identified on the	ADDRESSOGNAFII
Atrial Fibrillation	
ESTIMATED LOS: 3 Days	Date placed on map:
INCLUSIONARY CRITERIA:	trial flutter
Patients with documented diagnosis of Atrial Fibrillation / at	mai nutter.
EXCLUSIONARY CRITERIA:	
Patients with Chronic Atrial Fibrillation with controlled heart	rate and / or on an oral anticoagulant.
Primary Diagnosis/Procedure:	
Pertinent Past Medical History:	
AF Risk Stratification: Prior stroke / TIA or systemic en Poor LV systolic function	mbolus Hx HTN Age > 65 Mitral Valve Disease Prosthetic Valve
Social History: Smoking ETOH	
Allergies:	
Code Status:	
CONSULTS OR DISCIPLINES INVOLVED/NOTIFIED:	
1	Initials/Date/Time notified:
2	Initials/Date/Time notified:
3	Initials/Date/Time notified:
4	Initials/Date/Time notified:
5	Initials/Date/Time notified:
SIGNIFICANT EVENTS THIS ADMISSION:	
Date/Event:	
Date/Event:	
Date/Event:	
RN Signature:	Date/Time:
RN Signature:	Date/Time:

Instructions for Documentation:

OUTCOMES/INTERVENTIONS:

- Initial when met or completed
- Use notation N/A, if not applicable for the timeframe
- Initial and circle, if not met or completed

Supplemental Documentation is required on the Progress Record / Patient Focus Notes when an outcome or intervention is

AFIB Title Initial Signature Signature Requiring Co-Signature Date/Shift Initial/Title ADDRESSOGRAPH D = DAYS E = EVENINGS N = NIGHTS DESIRED OUTCOMES D E Problem/ E N D Problem/ Day 1 Needs Needs Date: Vital Signs stable Patient/family verbalizes understanding of Hemodynamic anticipated plan of care and participates Knowledge Ventricular rate controlled HR 60 - 100 Instability Deficit related in decision making Able to state signs & symptoms to report to plan of care No neurological changes immediately Oriented to unit Tolerates ADL's with assist Activity Intolerance Pain free or verbalizes relief after intervention Pain Respirations even and unlabored Management Remains injury free in a safe Patient Safety environment No evidence of skin breakdown Skin Integrity Patient/family verbalizes satisfaction Patient/Family with hospital stay/care Satisfaction INTERVENTIONS (continued on back) Patient Care EN Patient Care Categories Categories Assess need for Discharge Planning / Diet: 2 gm Na or Discharge Social Services based on admitting Nutrition % of diet consumed: Plan assessment and home environment Breakfast _____ Verify prescription coverage for low Lunch ____ molecular weight heparin (Lovenox), Dinner _ if applicable Consider dietary consult Educate on food / drug interactions

Patient Care		D	E	N	Patient Care	elet i mulanetz	D	E	N
					Continued the respectations				
	Assess respiratory / cardiac status					Encourage verbalization of fears /			
Assessment	1 1000~ 그런 그런 그는 그는 그 아무지 않았다면 하면 그리고 그리고 있다고 하는 것이 되었다면 그리고 있다.				Teaching	concerns			
&	* Telemetry monitoring and documentation				&	Assess knowledge level and readiness	200		
Treatments					Psychosocial	to learn			2000
	Palpate peripheral pulses q shift and				Project of the state of the sta	Identify barriers to learning	Phil. 2100000	Chergoso	
	PRN					The state of the s	10-10-10-10-10-10-10-10-10-10-10-10-10-1	processor of	Name of Street
	Pulse oximetry q shift and PRN					Learning needs / teaching plan:	A CONTRACT		
					Market Market	- Explain schedule of events and tests			
	* O ₂ (type):					- Instruct on medications			
	HAMEOZESKOGA			a prosidente d		Instruct patient to inform nurse		Services - 1	
	Coumadin dose regimen prior to			100	ANTIN REELS	immediately of chest pain or shortness			
		la santa		100000		of breath, palpitations	Dungston		les consi
	Coumadin stopped prior to admission?		200			AFIB Educational Tool Kit reviewed with			
						patient / family	3	0.00	
	Section 2012 Contract					Videotapes on Coumadin and / or Loveno.	th enox		
	Vital signs g 8 hrs and PRN					Therapy viewed by patient / family	950	phase of	
Assessment & Treatments Treatments * Telemetry monitoring and as per unit protocol Palpate peripheral pulses PRN Pulse oximetry q shift and * O2 (type): Coumadin dose regimen padmission	Vital signs q o the and i vita	11.0	Ortes	HS.		(channel 69)	23/02	pa 31d	1150
	No evidence of bleeding on anticoagulation	\vdash	\vdash	\vdash		Explain option for self management	180		
Assessment & Assess r q 4 hrs a * Teleme as per un Palpate per un per	The strained of blooding of antibody diation					using Low molecular weight Heparin			
	* Antiarrhythmics initiated:		1	1		arest by indicate of			
		atory / cardiac status RN Teaching & Psychosocial theral pulses q shift and y q shift and PRN se regimen prior to ppped prior to admission? B hrs and PRN of bleeding on anticoagulation nics initiated: ardioversion (if applicable) tion Therapy initiated: mg herapy initiated: mg herapy initiated: with MD regarding candidate ular weight Heparin (Lovenox) mg q with MD regarding candidate ular weight Heparin (Lovenox) Safety & Activity							
	iviedication.								
	IV felden riller a JCA- estension								
	10	100	risis.			Lab / diagnostics results reviewed; MD	1		
	00	HOSE	la la		Specimens	notified if indicated			
		-	\vdash	+		* Tests / Procedures - if not done in ER	_		
	Plan for DC cardioversion (if applicable)					- CBC			
	The state of the state of	_	\vdash	\vdash	Diagnostics	- Chemistry, Mg			
						- PT / PTT			
	Medication:							Lag 4	
						- Cardiac enzymes	0.80	la seri	-625
	46					- U/A			
	Heparin 25,000 units in 250 cc					- EKG			
						- Echo			
	Low molecular weight heparin (Lovenox)					- TSH			
	mg q					- Pregnancy Test (as appropriate)			
	Coumadin		1000			- Stool for occult blood X 1	-		-
	mg					* Consider if applicable:			
						- Digoxin level	100,000	-	100
	Antiplatelet Therapy initiated:					- ABG if pulse oximetry < 94		+-	-
	Medication:	13000							1
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	for low molecular weight Heparin (Lovenox)			de C					<u> </u>
Carlotter Control of the Control	at home					Falls Protocol if indicated			
					Safety		\perp	_	_
						Assist with ADL's as needed			
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	Consider distany consult								
Extra Line Security - A Consultant	Pressure Ulcer Prevention Protocol	T	T	T					
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Lance and John or and a second	* Respiratory Care provided	T	T	T	The second secon				
	(See Respiratory Care Record)								
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& Treatments	* Discontinue telemetry if arrhythmia free				& Psvchosocial				
	Palpate peripheral pulses q shift or					and purpose - Early recognition signs and symptoms			
	Pulse oximetry check q shift and PRN					of bleeding			
	* Antiarrhythmics continued	_	\vdash	 	Market Contract Contr			1000	1
	Medication:	10.00000	Antonia Carl			- Understands need for follow-up PT/INR			l
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	Vital signs q 8 hrs and PRN	- 24				anticoagulation plan		100	
	*Anticoagulation continued					Low molecular weight Heparin (Lovenox)			
	Date: Assess respiratory / cardiac status q 4 hrs and PRN * Discontinue telemetry if arrhythmia free Palpate peripheral pulses q shift or Pulse oximetry check q shift and PRN * Antiarrhythmics continued Medication: Patient / family instructed on Patient / family instructed on	2.5	0.00	1					
ategories Da Assessment & q 4 & Di Pal Pul *An Mer Pul Pul Pul *An Mer Pul	**************************************	1111						PA 11	Γ
						Dietary Instruction related to Coumadin			
Assessment & Treatments Part M.	Medication:					STRONGS OF T SUBS			t
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	No evidence of bleeding on anticoagulation			m	Specimens				
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	Pressure Ulcer Prevention Protocol					Transfer to nursing tacility			
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								Pressure (Sear Provention Protocol			
								* Recognitiony Care provided			
								(See Rospiratory Care Recets)			

INTERVENTIONS (continued)

	Day 3	D	E	N	Patient Care		D	E	\ \
Categories	Date:				Categories	Control of the Contro	-	-	+
	Assess respiratory / cardiac status q 8 hrs and PRN				Teaching	Encourage verbalization of fears / concerns			
&	* Antiarrhythmics continued				&	Learning needs / teaching plan:			
Treatments	Medication:				Psychosocial	- Instruct on all medications: name and purpose			
	Vital signs q 8 hrs and PRN					Early recognition signs and symptoms of bleeding Purpose of Anticoagulation Therapy			
	*Anticoagulation continued	_	-	-	1883 199 Ministration of translation regular	- Pulse Taking			
	Medication:	Service reger	e de la companya de l	te market and a		- Understands need for follow-up PT/INR			+
	DATE A COMMENT RESERVACE OF	SSTARTAN Tanggan			COTUO CERIO	labwork - State the dose of Coumadin, how and		e Sagracia	
	*Anitplatelet therapy continued					when to be taken			
	Medication:	in a resource	-				-		-
	area for a breedingood valenage of	Crega VOSE	ių) Barta			Patient has received written instructions related to their anticoagulation plan	etgh	g Presi	gn.
	No evidence of bleeding on anticoagulation					ngradicals to prioritations sessioned/	100 m		
	Patient and or family member demon- strates correct administration of					SISTED OF REPORT OF STREET			
	Low molecular weight Heparin (Lovenox)			_					
	Charleton increasing activity of usels to					Lab / diagnostics results reviewed; MD		_	\perp
		Control of the Contro		i ni	Specimens	notified if indicated			
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	and the second s				WISIO	ADL's at baseline	750	710	
	Park Zan 198 or			(teleproper processes)	and the second s	Destination plan continues			
	Semunoo Jaio to 37	1.000				Home with VHS Home without VNS	1		
	Hygiene & Comfort Protocol	<u> </u>	+	+		Transfer to numering facility			
	Peripheral IV Therapy Protocol	+	+	+		of begrandask mater 1			
	Pressure Ulcer Prevention Protocol	\vdash	+	+					
	* Respiratory Care provided (See Respiratory Care Record)	\vdash	+	+					

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* indicates medical orders needed