University Medical Center
New or Rapid Afib Kardex

Primary MD _____

Age: _____ Admit Date: _____

Allergies: _____

Advance Directive: _____ Code Status: _____

Addressograph

Chief complaint on admission / Admitting Diagnosis: _____

ICU Diagnosis /Surgery & Date of Surgery: _____

Past Medical / Surgical Hx.: _____

_____ Isolation: _____

Consults: _____ / _____ / _____ / _____ / _____

Daily Plan Date: _____

- ☐ Patient on Disease Specific CareMap®
- ☐ Cardiology Consult
  - ☐ Dr. _____
- ☐ Telemetry
- ☐ Antiarrhythmic Therapy Initiated
- ☐ Is patient a candidate for Anticoagulation Therapy
- ☐ Baseline PT / PTT / INR
- ☐ Dietary Consult
- ☐ Thyroid Function Test (for new AFIB)
- ☐ Echo (for new AFIB) _____

LOS: _____

Current Problems:

- ☐ New Onset Afib / Rapid Afib
- ☐ Symptomatic: ☐ SOB ☐ CP ☐ Palpitations
- ☐ New to Coumadin Therapy

Resolution:

- ☐ Clinically Improved:
  - ☐ Arrhythmia Free
  - ☐ Tolerates Activity
  - ☐ Telemetry / EKG within normal limits
- ☐ Transition to Coumadin
- ☐ Possible Drug Interactions

Flu Vaccine - for patients > 50 y.o.

Was it given ☐ Yes ☐ No

If no, institute Influenza Vaccine Standing Order Sheet (Oct. - Mar.)

Pneumonia Vaccine - for patients > 65 y.o.

Was it given ☐ Yes ☐ No

If no, institute Pneumonia Vaccine Standing Order Sheet. (All year)

Notes:

Discharge Plan:

- ☐ Home with VNS Team
- ☐ Transfer to facility: _____

Safety/Activity

Falls Protocol Level: _____ Gait steady Y / N Cane / Walker

Activity:

☐ Bedrest ☐ Dangle ☐ OOB to Chair ☐ Ad Lib ☐ OOB with Assist

☐ Sitter ☐ Physical Restraints - Type: _____

Speech consult date _____ Results _____

Swallow eval. Date _____ Results _____

PT consult date _____ Frequency _____

Treatments _____

Teaching / Psychosocial

Smoking Cessation -
HARP ext. # 5293
Breath and Lung 201 - 996-2211
HARP Rep. ext. # 2038
Respiratory Educator ext. # 5927

Patient verbalizes understanding of:

- ☐ Risk Factor Reduction ☐ Calls MD with reoccurrence of symptoms
- ☐ Verbalizes understanding of Coumadin Therapy
- ☐ Verbalizes understanding of need for continued follow-up labs
- ☐ Verbalizes signs and symptoms of Anticoagulation complications

Patient Received:

- ☐ "A Patient's Guide to Using Coumadin"
- ☐ Smoking Cessation

PATIENT	CARE	CATEGORIES
Shift Assessment **Cardiac** • Vital Signs q _____ hr • Telemetry # _____ • Rhythm _____ • Temp _____ • Pacemaker/AICD _____ **Respiratory** • O_2 _____ Sat % _____ • Trach Collar _____ • RESP TX _____ • Lung Sounds _____ **Neurological** • Orientation _____ • EEG _____ • CVA _____ **GU/Renal** • Foley/Insertion Date _____ • 24° urine _____ • I & O _____ / _____ • HD _____ **GI** • Last BM _____ • NGT/KFT/Peg _____ • Diet _____ • Nutritional Needs _____ _____ **Pain Management** _____	**Wounds/Dsgs** _____ _____ **Drains/Tubes** _____ _____ **Blood Sugars** _____ **Central Lines** / Shiley / HO Access Type: _____ Location: _____ Insertion Date: _____ Type: _____ Location: _____ Insertion Date: _____ PIV: Date Inserted: _____ Location: _____ _____ PIV: Date Inserted: _____ Location: _____ _____ IVFS/gtts: _____ _____ _____ _____ Date last type/screen _____ Blood transfusion/FFP _____ _____ Blood transfusion consent _____	**Tests and Labs** X-rays - date _____ Results _____ U/A C&S - date _____ Results _____ Sputum C&S - date _____ Results _____ Blood Culture- date _____ Results _____ Wound C&S - date _____ Results _____ CT Scan - date _____ Results _____ Dopplers - date _____ Results _____ Cardiac Cath/Procedure - date ____ Results _____ Echo - date _____ Results _____ Other tests: _____ _____ _____ _____ _____ _____ _____ _____ _____ Abnormal Labs: _____ _____

Daily Updates:

Day 1: Day _____

Day 2: Day _____

Day 3: Day _____

Day 4: Day _____

Day 5: Day _____