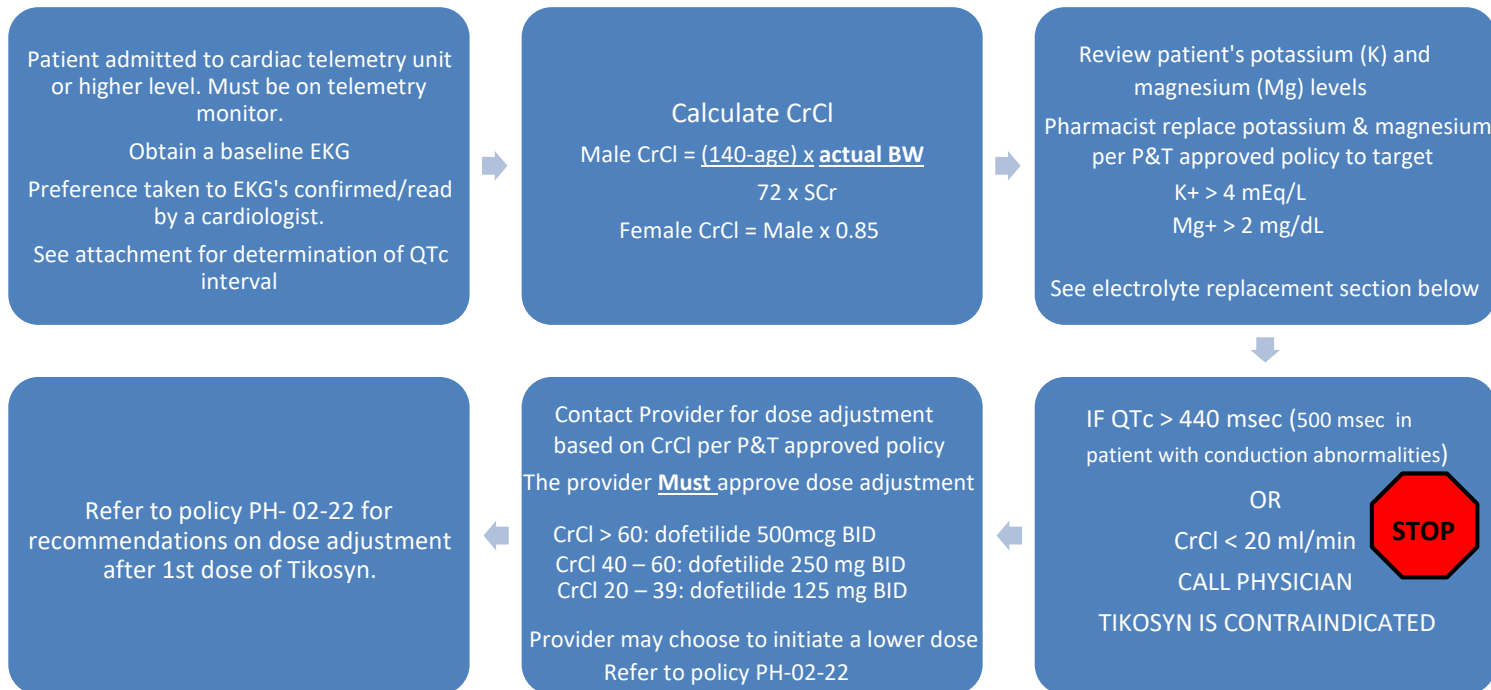


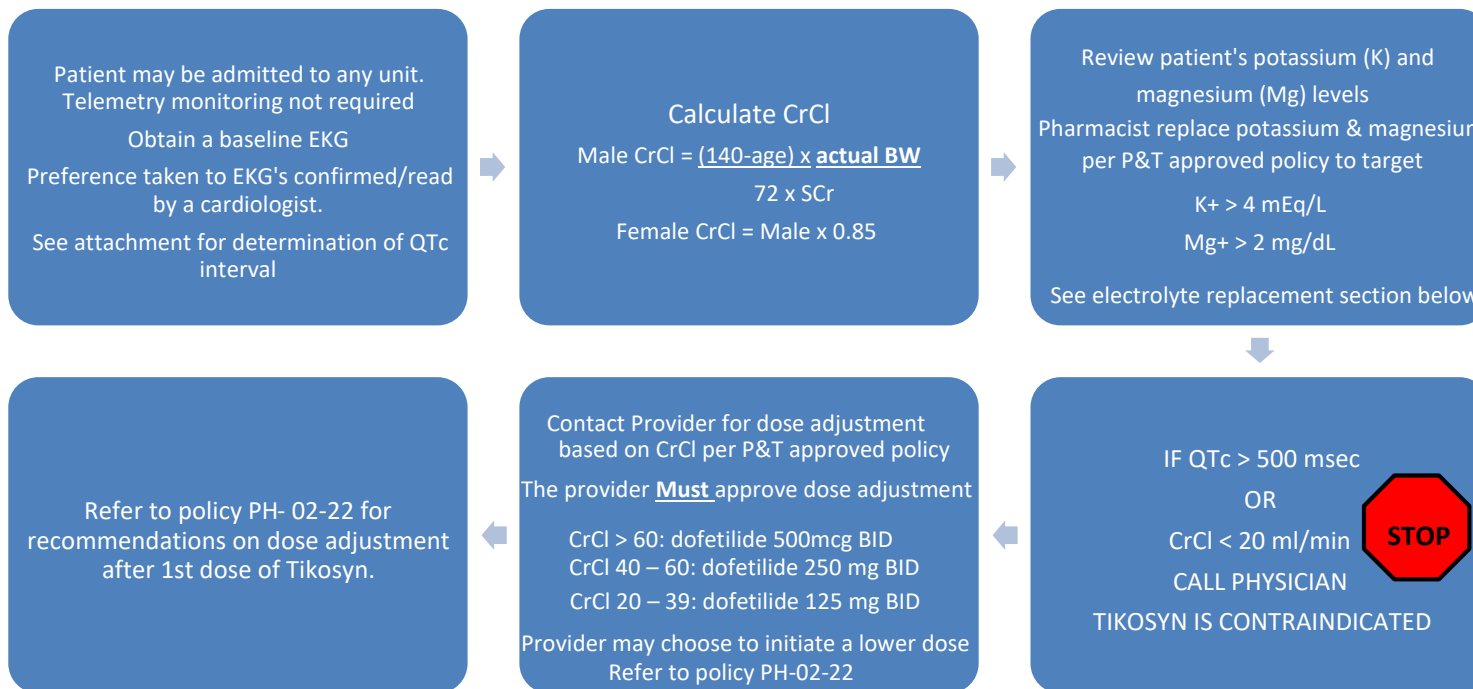
## TIKOSYN - NEW INITIATION

\*Verify ordering provider is a cardiologist or mid-level practitioner with cardiology (NP or PA)\*



## TIKOSYN - RESTART HOME MEDICATION

\*Tikosyn ordered as a home medication may be ordered by any service line physician\*



## Automatic Potassium and Magnesium Replacement Per P&T approved policy (PH-02-22)

- A. Prior to verifying a Tikosyn® order (continuation of home medication or new addition), the pharmacist must also review the patient's chart to assess renal function, electrolyte status, drug-drug interactions, QTc interval, and appropriateness of therapy.
1. If no labs are available, the pharmacist shall verify and dispense one dose only and subsequently order a stat BMP and magnesium level.
  2. If serum creatinine, potassium, and magnesium are available within the previous 30 days, the pharmacist shall use the reported labs for assessment of the ordered dose but ensure that a BMP plus magnesium has been ordered for the following day.
  3. Electrolytes may be ordered by pharmacist and replaced per protocol as follows:

<u>Potassium Level</u>	<u>Dose to be given</u>
3.7 to 3.9 mg/dL	Potassium chloride 20 mEq PO x 1 dose
3.0 to 3.6 mg/dL	Potassium chloride 40 mEq PO x 1 dose
less than 3.0 mg/dL	Contact provider

<u>Magnesium Level</u>	<u>Dose to be given</u>
------------------------	-------------------------

Updated 12/05/2023

1.9 to 2.4 mg/dL	Magnesium oxide 400mg PO x 1 dose
1.5 to 1.8 mg/dL	Magnesium sulfate 2 gm IV x 1 dose
1 to 1.4 mg/dL	Magnesium sulfate 4gm IV x 1 dose
less than 1 mg/dL	Contact provider

### **Checking for EKG reading/confirmation by a Cardiologist**

QTc interval is a calculation. If a patient is currently experiencing a dysrhythmia, the calculation that is completed by the EKG computer is not entirely accurate. Preference will be taken to EKG's reading and interpreted by cardiologists. If QTc calculated by the computer or cardiologist is greater than the above listed cut-offs, contact the physician

If EKG is not available in EPIC, it is acceptable to contact the patient's nurse on the unit and if there is a paper EKG on the chart. You may accept the QTc verbally over the phone and document it in the administration section of the medication order and also as an event.

1

Summary Notes Medications Orders Verify Chart Review Results MAR Discharge Education Anticoagulation ...

### Chart Review

2

Encounters SnapShot Notes Labs Pathology Micro Imaging Surgeries Procedures Cardiovascular Other Orders Medications Episodes

Preview Refresh (1:29 PM) Select All Deselect All Review Selected Side-by-Side Route Route Requisition Add to Bookmarks

Filters Hide Canceled Echo EP Stress Cardiac Cath Vascular Cardiac Services ECG

Attache	Rese	Images	Ordered	Accession	Performed	Order Date/Time	Exam
							ECG 12 Lea
							ECG 12 lead
							ECG 12 lead
							Cardiac reha
							ECG 12 lead
							TEE Intraope
							Cardiovascu
							ECG 12 Lea
							Cardiovascu
							Stress Echo
							ECG 12 lead

Recent

6 Months Ago

Louisiana Cardiology Associates Hospital

Reading MD: Denzil

Moraes

Interpretive Statements

Note: this EKG has been read by a Cardiologist

Sinus bradycardia  
Nonspecific T wave abnormality  
Abnormal ECG  
Compared to ECG 11/25/2020 08:36:25  
T-wave abnormality now present  
Sinus rhythm no longer present  
Electronically Signed On 12-2-2020 16:34:03 CST by Denzil Moraes

Updated 12/05/2023

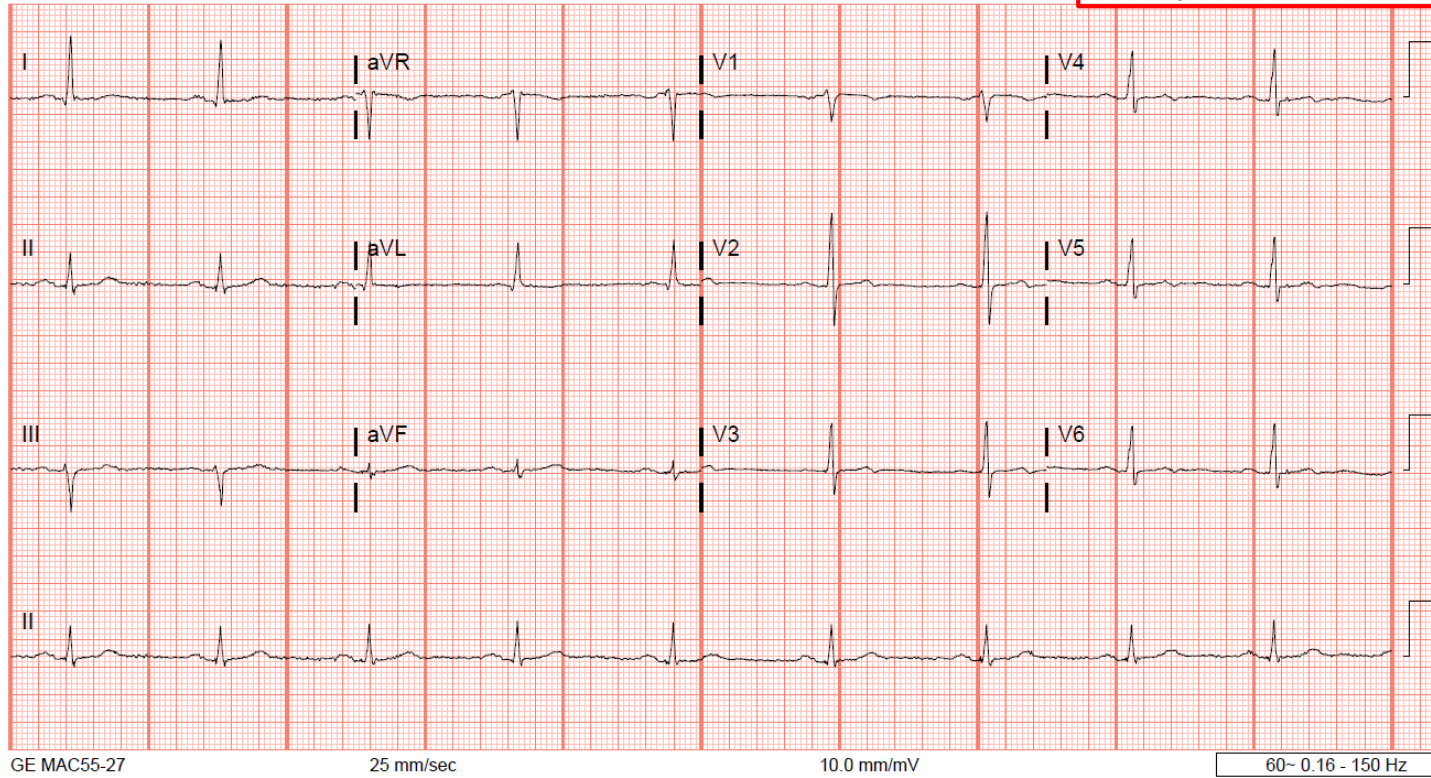
Rate	55	Sinus bradycardia
PR	182	Nonspecific T wave abnormality
QRSd	98	Abnormal ECG
QT	392	Compared to ECG 11/25/2020 08:36:25
QTc	375	T-wave abnormality now present
--Axis--		Sinus rhythm no longer present
P	42	Electronically Signed On 12-2-2020 16:34:03 CST by Denzil Moraes
QRS	2	
T	63	

Req Provider: WALTER L BRINGAZE  
Acct No:  
Order Time: LKHVCU  
Performed Site: OLOL-NC  
Printed:

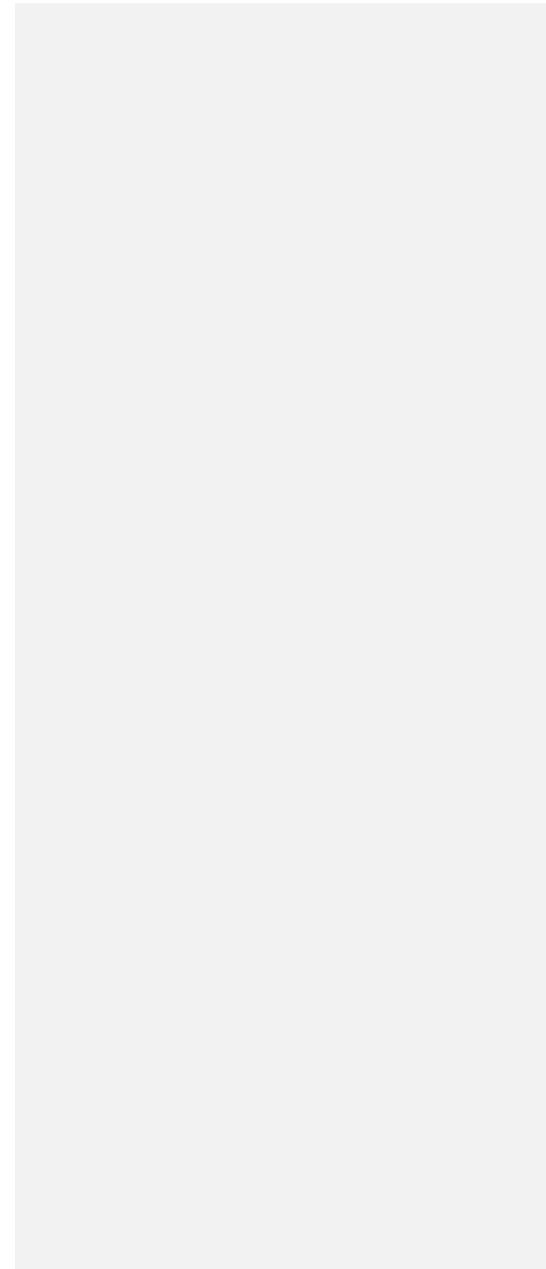
Note: PDF file with EKG shows the reading has been confirmed by a cardiologist

Confirmed By: Denzil Moraes 12/02/2020 16:34:03

- Abnormal ECG -



Updated 12/05/2023



Summary Notes Medicati... Orders Verify Chart... Results MAR Discharge Education Antic...

### Chart Review

Encounters Snapshot Notes Labs Pathology Micro Imaging Surgeries Procedures **Cardiovascular** Other Orders

Preview Refresh (11:39 AM) Select All Deselect All Review Selected Side-by-Side Route Route Requisition Add to Bookmarks

Filters Hide Canceled Echo EP Stress Cardiac Cath Vascular Cardiac Services ECG

Attach	Rese	Images	Ordered	Accession	Performed	Order Date/Time	Exi
							EK
							EK
							Ca
							Ca
							TE
							Ecl
							Ca
							EK
							EC
							EC
							Ca
							Ecl
							EC
							EC

**EKG - Now**  
Status: Preliminary result  
Visible to patient: No (not released)  
Next apt: None

**Narrative** Performed by: EPIPH  
Cardiac Institute of the South - Baton Rouge

Interpretive Statements

Wide QRS rhythm  
Cannot rule out Inferior infarct, age undetermined  
Anterior injury pattern  
\*\* \*\* ACUTE MI \*\* \*\*  
Abnormal ECG  
Compared to ECG 12/05/2020 05:26:58  
Uncertain supraventricular rhythm now present  
Myocardial infarct finding now present  
AV dual-paced complex(es) or rhythm no longer present

Test Date:  
Department:  
Room:  
Technician:  
Requested By:  
**Reading MD:**

If no MD has read the EKG, the reading MD field will be blank  
It is acceptable to use as it may take a cardiologist up to 24 hours to read the EKG





Updated 12/05/2023

Updated 12/05/2023

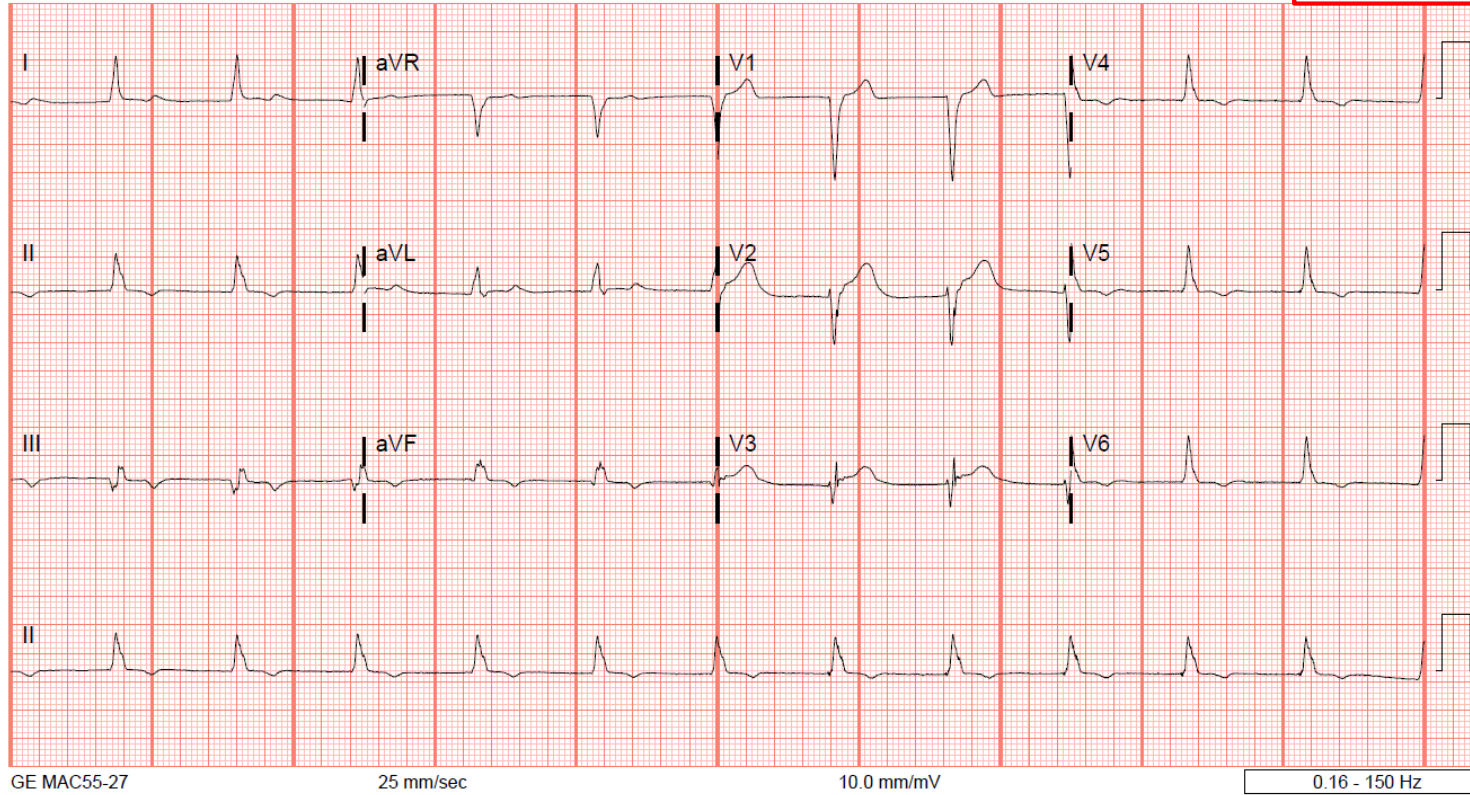
Rate	71	Wide QRS rhythm
PR		Cannot rule out Inferior infarct, age undetermined
QRSd	120	Anterior injury pattern
QT	398	** ** ACUTE MI ** **
QTc	432	Abnormal ECG
	--Axis--	Compared to ECG 12/05/2020 05:26:58
P		Uncertain supraventricular rhythm now present
QRS	25	Myocardial infarct finding now present
T	-47	AV dual-paced complex(es) or rhythm no longer present

Req Provider: GARLAND GREEN  
Acct No:  
Order Time: LKHVCU  
Performed Site: GREEN  
Printed:

The PDF file will show "unconfirmed diagnosis"  
if a cardiologist has not read the EKG

Unconfirmed Diagnosis

- Abnormal ECG -



## **Tikosyn 7-day supply prior to discharge**

- A. Every patient initiated on Tikosyn® shall be counseled by a pharmacist and given a 7 day supply of medication prior to discharge from the hospital.
1. **Weekday Discharge:** On the day of discharge, an electronic prescription for a 7 day supply of Tikosyn® will be send to RXOne pharmacy where the prescription will be filled. The filled prescription along with the Tikosyn® medication guide and patient education packet shall be hand-delivered to the patient by the RXOne pharmacy team member responsible for counseling the patient.
    - a. Upon completion of the counseling session, the patient will acknowledge receipt of counseling by signing a pre-printed label, which should be returned to the RXOne pharmacy and retained for records.
  2. **Weekend Discharge:** for weekend discharge (Saturday only), an electronic prescription for a 7 day supply of Tikosyn® will be send to RXONE pharmacy (on or before 12 noon) where the prescription will be filled. The filled prescription along with the Tikosyn® medication guide and patient education packet shall be hand-delivered to the patient by the RXOne pharmacy team member responsible for counseling the patient
    - i. Upon completion of the counseling session, the patient will acknowledge receipt of counseling by signing a pre-printed label, which should be returned to the main pharmacy and retained for records.

**Commented [EMC1]:** Modified to reflect the current role and practice of RXOne pharmacy during weekdays

### **This Workflow Review and Revision information**

Last Date Revised: 12/2023

Last Date Reviewed: 12/2023

Updated 12/05/2023