

DOCTOR'S ORDER SHEET Room Number _____

Authorization is hereby given to dispense a chemically identical drug (according to hospital formulary policy) unless this box is checked ☐

Allergies: _____

Physician is to cross out entire line(s) he/she does not use and initial each one.

DATE	TIME	Atenolol Protocol <i>to decrease perioperative cardiac mortality</i>	Nurse Signature Time posted
		1. Before administering each and every 5 mg IV dose of intravenous atenolol the following must occur: a) Institute cardiac monitoring prior to and for at least 30 minutes after administering medication. b) Observe patient for any evidence of wheezing, active CHF, AV block, hypotension (systolic BP <100 mmHg) or bradycardia (heart rate <55/min). Notify MD if any of the above are suspected and do not give medication.	
		2. Give atenolol 5 mg IV over 5 minutes at any time less than 6 hours prior to surgery. Repeat x 1 in 5 minutes.	
		3. Immediately after surgery, give another dose of atenolol 5 mg IV over 5 minutes. Repeat x 1 in 5 minutes.	
		4 Thereafter, repeat step 3 above every 12 hours until patient is taking PO.	
		5. Once patient is taking PO medications, discontinue IV atenolol and begin PO atenolol. Continue atenolol PO once daily until discharge but not longer than 7 days in the following manner: -Give atenolol 100 mg PO daily if systolic BP>100 mmHg, and/or heart rate >65/ minute. -Give atenolol 50 mg PO daily if systolic BP 90-100 mmHg and /or heart rate 55-65/ minute. -Withhold atenolol if systolic BP<90 mmHg and/or heart rate<55/minute.	
		Provider Signature _____ Provider Printed _____ Provider Beeper _____ ⚡ Do not use this protocol if patient has an allergy to atenolol, an intolerance to beta-blockers or is concomitantly on another beta-blocker. ⚡ If patient was previously on a beta blocker before coming into the hospital, the atenolol protocol may be used while the patient is NPO. Once the patient is taking PO medications, the previous beta blocker may be reinitiated at the physician's discretion instead of using atenolol.	

Original - Chart
Copy - Pharmacy
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WOMEN & INFANTS HOSPITAL

PERI-OPERATIVE BETA BLOCKERS

WITH ATENOLOL AND METOPROLOL PROTOCOL

PERI-OPERATIVE BETA BLOCKERS have been repeatedly shown to prevent heart attacks and deaths after surgery.

Who should be considered for PERI-OPERATIVE BETA BLOCKERS?

Any patient with any TWO of the following risk factors:

- ☐ **undergoing a high-risk surgery including all intrathoracic and intraperitoneal surgeries and any suprainguinal vascular procedures**
- ☐ **known or probable ischemic heart disease,**
- ☐ **known or probable cerebrovascular disease,**
- ☐ **renal insufficiency (Cr >2.0)**
- ☐ **diabetes mellitus on insulin**
- ☐ **a history of CHF**

- **Perioperative beta blockers should be given in hospital for any patient with 2 or more of the above risk factors.**
- **For those with 3 or more of the above risk factors, starting beta blockers prior to hospitalization (and continuing them in hospital) should be considered.**

Patients with none or 1 of these criteria should only be given beta blockers in hospital if they are already on them.

Who shouldn't get beta blockers?:

Anyone with:

- **A Heart rate less than 55/minute**
- **A blood pressure less than 100 mmHg systolic**
- **AV nodal block**
- **Allergies/intolerances to beta blockers**
- **Active CHF**
- **Active wheezing**