

PROTOCOL

HEART FAILURE ADMISSION ORDERS

Date/Time: _____ Diagnosis: _____

Allergies: _____

PHYSICIANS: Orders with boxes must be checked to activate

| FOCUS AREA | INTERVENTION | | | | | | | | | | | | |
|---|---|--|---|---|--|------------------------------|--|---|---|---------------------------------|--|-------------------------------|-----------------------------|
| Admit to | <input type="checkbox"/> ICU <input type="checkbox"/> OBV <input type="checkbox"/> Medical floor <input type="checkbox"/> Telemetry <input type="checkbox"/> Full admission status <input type="checkbox"/> Observation status, medical necessity: | | | | | | | | | | | | |
| Activity | <input type="checkbox"/> Bedrest with BRP <input type="checkbox"/> HOB elevated 30° <input type="checkbox"/> Oximetry with first ambulation <input type="checkbox"/> Other: | | | | | | | | | | | | |
| Food and Nutrition | <input type="checkbox"/> 2 Gm Sodium/Low fat/Low cholesterol <input type="checkbox"/> _____ Calorie ADA diet/2 Gm Sodium <input type="checkbox"/> _____ ml Fluid Restriction <input type="checkbox"/> Other: | | | | | | | | | | | | |
| Diagnostic Studies (if not done prior to admission) | <input checked="" type="checkbox"/> CXR: _____ portable _____ PA and Lateral <input checked="" type="checkbox"/> 12-lead ECG <input type="checkbox"/> Echocardiogram <input checked="" type="checkbox"/> Put previous Echo report, if available, on chart <input type="checkbox"/> Other: | | | | | | | | | | | | |
| Laboratory (if not done prior to admission) | <table border="0"> <tr> <td><input checked="" type="checkbox"/> CBCD</td> <td><input checked="" type="checkbox"/> BNP</td> </tr> <tr> <td><input checked="" type="checkbox"/> BMP</td> <td><input type="checkbox"/> Fasting Lipid Profile in am</td> </tr> <tr> <td><input type="checkbox"/> CMP</td> <td><input type="checkbox"/> Digoxin level</td> </tr> <tr> <td><input type="checkbox"/> Mg⁺⁺</td> <td><input checked="" type="checkbox"/> TSH</td> </tr> <tr> <td><input type="checkbox"/> PT/INR</td> <td><input type="checkbox"/> ABGs if O₂ Sats < 90%</td> </tr> <tr> <td><input type="checkbox"/> CARP</td> <td><input type="checkbox"/> UA</td> </tr> </table> <input type="checkbox"/> Point-of-care blood glucose monitoring: _____ <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> CBCD | <input checked="" type="checkbox"/> BNP | <input checked="" type="checkbox"/> BMP | <input type="checkbox"/> Fasting Lipid Profile in am | <input type="checkbox"/> CMP | <input type="checkbox"/> Digoxin level | <input type="checkbox"/> Mg ⁺⁺ | <input checked="" type="checkbox"/> TSH | <input type="checkbox"/> PT/INR | <input type="checkbox"/> ABGs if O ₂ Sats < 90% | <input type="checkbox"/> CARP | <input type="checkbox"/> UA |
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| <input type="checkbox"/> CMP | <input type="checkbox"/> Digoxin level | | | | | | | | | | | | |
| <input type="checkbox"/> Mg ⁺⁺ | <input checked="" type="checkbox"/> TSH | | | | | | | | | | | | |
| <input type="checkbox"/> PT/INR | <input type="checkbox"/> ABGs if O ₂ Sats < 90% | | | | | | | | | | | | |
| <input type="checkbox"/> CARP | <input type="checkbox"/> UA | | | | | | | | | | | | |
| Respiratory Services | <input checked="" type="checkbox"/> Pulse Oximetry Q 12 hours <input checked="" type="checkbox"/> Oxygen: Titrate per Protocol <input type="checkbox"/> BiPAP: _____ <input type="checkbox"/> CPAP: _____ <input type="checkbox"/> Other: | | | | | | | | | | | | |
| Treatments | <input checked="" type="checkbox"/> Saline Lock <input type="checkbox"/> IV fluids: _____ <input checked="" type="checkbox"/> Vital signs q 15 minutes until stable, then Q 2 hrs X 4, then Q 4 hrs or as indicated _____ <input checked="" type="checkbox"/> Daily weights and I/O <input type="checkbox"/> Foley catheter <input type="checkbox"/> Other: | | | | | | | | | | | | |

Provider Signature: _____ Date/Time: _____

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| | |
|------------------------------|---|
| Scheduled Medications | <p>1. <input type="checkbox"/> ACE Inhibitor: <input type="checkbox"/> Ramipril (Altace) _____ mg PO Daily (recommended dose - Initial: 2.5 mg PO daily Target: 10 mg PO Daily) <input type="checkbox"/> Lisinopril (Prinivil) _____ mg PO daily (recommended dose: 2.5 – 5 mg daily titrated to 20-40 mg daily) Hold for SBP less than _____</p> <p>-OR-</p> <p><input type="checkbox"/> ARB: <input type="checkbox"/> Candesartan (Atacand) _____ mg PO daily (recommended dose: 4-8 mg daily titrated to 32 mg daily) <input type="checkbox"/> Valsartan (Diovan) _____ mg PO BID (recommended dose: 20-40 mg BID titrated to 160 mg BID) Hold for SBP < _____</p> <p>Reason for not giving ACE/ARB Inhibitor: _____</p> <p>2. <input type="checkbox"/> Beta-blocker: <input type="checkbox"/> Carvedilol (Coreg) _____ mg PO BID (recommended dose – Initial: 3.125 mg PO BID Target: 25 mg PO BID) <input type="checkbox"/> Bisoprolol (Zebeta) _____ mg PO daily) recommended dose: 1.25mg daily titrated to 10 mg daily) <input type="checkbox"/> Metoprolol XR (Toprol XL) _____ mg PO daily (Recommended Dose: 12.5-25 mg daily titrated to 200 mg daily) Hold for SBP less than _____ HR less than _____</p> <p>Reason for not giving Beta-Blocker: _____</p> <p>3. <input type="checkbox"/> Digoxin (Lanoxin) _____ mg PO Daily (Recommend 0.125 mg initially) 4. <input type="checkbox"/> Diuretic: Furosemide (Lasix) _____ mg PO Daily (Recommended Dose: 20-80 mg PO Daily) 5. <input type="checkbox"/> Diuretic: Furosemide (Lasix) _____ mg IV Daily</p> <p>-OR-</p> <p>6. <input type="checkbox"/> Torsemide (Demadex) _____ mg PO Daily (Recommended Dose: 10-40 mg PO Daily) 7. <input type="checkbox"/> Spironolactone (Aldactone) _____ mg PO Daily (Recommended Dose: 12.5-25 mg PO Daily) 8. <input type="checkbox"/> Warfarin (Coumadin) _____ mg PO _____ 9. <input type="checkbox"/> Aspirin 81 mg PO Daily 10. <input type="checkbox"/> Enoxaparin (Lovenox) 40mg SQ Daily for DVT Prophylaxis 11. <input type="checkbox"/> Enoxaparin (Lovenox) 1mg/kg SQ per protocol 12. <input type="checkbox"/> Nitroglycerin Drip Per Protocol: _____ 13. Other: _____</p> |
| PRN Medications | <p><input type="checkbox"/> Nitroglycerin 0.4 mg SL PRN chest pain. May repeat q 5 min x 3 per episode of chest pain Systolic BP greater than 90 mm Hg. Notify MD if patient develops chest pain</p> <p><input type="checkbox"/> Acetaminophen (Tylenol) 650 mg PO q 4 hr PRN for non-cardiac pain <input type="checkbox"/> Lorazepam (Ativan) 0.5 mg PO q 8 hr PRN for anxiety. May repeat in 30 minutes x 1 <input type="checkbox"/> Lorazepam (Ativan) 1 mg PO q 8 hr PRN for anxiety. May repeat in 30 minutes x 1 <input type="checkbox"/> Zolpidem (Ambien) 5 mg PO nightly PRN for sleep. May repeat x 1 <input type="checkbox"/> Docusate Sodium (Colace) 100 mg PO BID PRN for constipation <input type="checkbox"/> Milk of Magnesia 30 ml PO at bedtime PRN for constipation <input type="checkbox"/> Maalox 30 ml PO q 4 hr PRN indigestion <input type="checkbox"/> Promethazine (Phenergan) 25 mg PO q 6 hr PRN nausea or vomiting <input type="checkbox"/> Promethazine (Phenergan) 12.5 mg IV q 6 hr PRN nausea or vomiting. May repeat in 30 minutes x 1</p> |

Provider Signature: _____ Date/Time: _____

Patient Label

North Platte, Nebraska

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|--------------------------|--|
| Consults | <input type="checkbox"/> Cardiology <input checked="" type="checkbox"/> Cardiac Rehab (Heart Failure Teaching) <input checked="" type="checkbox"/> Dietary <input checked="" type="checkbox"/> Smoking Cessation Information (if a smoker in the past 12 months) <input type="checkbox"/> Other: |
| Additional Orders | <input type="checkbox"/> Use Acute Coronary Syndrome Protocol: <input type="checkbox"/> Low Risk <input type="checkbox"/> Intermediate/High Risk <hr/> <hr/> |

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North Platte, Nebraska

Heart Failure Discharge Orders

Drug Allergies:

Primary Discharge Diagnosis: _____

Discharge to: Home Home w/ HH Assisting Living Nursing Home

Activity Level: _____

Diet: 2 Gm Sodium/Low fat/Low cholesterol
 _____ Calorie ADA/2 Gm Sodium
 _____ ml Fluid Restriction/day
 Other: _____

Treatments: _____

Smoking Cessation Information (if a smoker in the past 12 months)

CHF Discharge Instructions

Echocardiogram (for LVEF assessment) performed during hospitalization or within the past 6 months

ACE Inhibitor/ARB or Alternative if ejection fraction is below 40% yes no Not applicable

Contraindication: yes no

Contraindication because: ACEI/ARB Allergy Mod-Severe Aortic or Renal Artery Stenosis

Serum Creatinine > 3 mg/dL Pregnancy Symptomatic Hypotension

Other: _____

Document dose and frequency on Medication Reconciliation form

Follow-up appointment:

Physician: _____ Date: _____ Time: _____

Physician: _____ Date: _____ Time: _____

Physician Signature: _____ Date/Time: _____

PLACE AS FIRST PAGE OF PHYSICIAN'S ORDER TAB

Patient Label