

HEART FAILURE ADMISSION ORDER

Admitting Physician: _____ Date: _____ Time: _____

Admit to Inpatient: Med/Surg Telemetry ICU
 Place in Observation Services: Med/Surg Telemetry Other _____
 Diagnosis: New Onset Heart Failure Acute Exacerbation Heart Failure Other: _____
 Condition: Stable Guarded Critical Good Fair Poor
 Consult: Cardiology: _____
 Allergies: Pulmonary: _____
 Other: _____

Code Status: Full DNR

Vital Signs: Per unit protocol Every shift every _____ hours Other: _____
 Call for SBP more than _____ SBP less than _____ DBP more than _____ DMP less than _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges

Nursing: Daily weight Intake & Output Foley to drainage Sequential Compression Device (SCD)
 Pulse oximeter every shift twice a day Continuous overnight monitor
 Glucose checks AC and qHS or every _____ hrs
 Fluid restriction: _____ ml/days
 Other: _____

Diet: Regular NPO 2 gm low sodium Clear liquid Full liquid
 Cardiac Carbohydrate Controlled
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat greater than 92%
 Vent Mask _____ % FIO2 100% NRB
 Other: _____


Protocols (if available): All protocol orders must be placed in chart
 Nitroglycerin IV Protocol
 Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)
 Insulin Infusion Protocol (CCU patients only)


Labs: Troponin (STAT, repeat 90 min, and 12 hours) Repeat every 6 hours and times 2 when elevated
 BNP BMP CMP Magnesium Calcium Phosphorus CPK
 Fasting lipid profile TSH UA CBC ABG
 Digoxin level Myoglobin D-Dimer Phosphorus
 Other Labs: _____

Studies: CXR: Portable PA/Lateral
 EKG
 STAT EKG PRN with chest pain or palpitations
 Echocardiogram Dr. _____ to read
 Nuclear Cardiac Scan (assess wall motion, RF)
 Other: _____

Core Measure: If LVSD not assessed this hospitalization, document prior EF or reason test not performed:

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
Patient Name:		
Admit Date:		

 2555 Jimmy Johnson Blvd. - Port Arthur - Texas 77640 (409) 724-7389	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: Check the appropriate box. (Avoid all NSAID drugs, COX-2 inhibitors, Thiazolidinediones, Metformins)

- Furosemide (Lasix) _____ mg IV PO BID or every _____ hrs
- Furosemide (Lasix) 1 mg/ml continuous IV Infusion. Start at 10 mg/hr
Increase by 10 mg/hr every 4 hrs (max 40 mg/hr) until urine output goal of _____ ml/hr achieved
- Metolazone (Zaroxolyn) _____ mg PO daily; give 30 minutes before Furosemide dose
- Metolazone (Zaroxolyn) _____ mg PO daily
- Spironolactone (Aldactone) _____ mg PO daily
- Carvedilol phosphate (Coreg CR) 10 mg PO daily 20 mg PO daily 40 mg PO daily 80 mg PO daily
- Digoxin (Lanoxin) 0.125 mg 0.25 mg PO daily IV daily
- Morphine sulfate 2 mg IV every 2 hrs PRN dyspnea
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs (renal dosing)
- Lisinopril (Zestril, Prinivil) 5 mg PO x 1, then 10mg PO daily. If allergic or intolerant to ACEI, use Losartan (Cozaar) 25mg PO daily.
Hold if SBP less than 90mm or K+ greater or equal to 5.5 mmol/L or Creatinine greater or equal to 2.5.
- Lorazepam (Ativan) 0.5 mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20 mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40mg IV once daily PO once daily
- KCL (Micro-K) 20 mg PO daily 40 mEq PO daily
- Nicotine _____ mg topical patch apply daily
- Vicoden ES PO every 4 hrs PRN for moderate pain
- Morphine sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat does once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting

Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN temp > 101F or mild pain (1-3)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO every HS PRN constipation
- Maalox 30 ml PO every 4 hrs PRN heartburn

Vaccination: Check for prior vaccination status. If none given, administer when patient afebrile and vital signs stable.

- Pneumococcal Vaccination 0.5 ml IM if patient more than 65 years
- Influenza Vaccination 0.5 ml IM if patient more than 50 years (October through March)

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____

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