

Standing Admission Order Heart Failure

Admitting Physician: _____ Date: _____ Time: _____

Admit 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: _____ [] Case Management
 [] Pulmonary: _____ [] Dietary for instruction for patient and family regarding diet
 [] Other: _____
 Allergies: [] _____

Code Status: [] Full [] DNR

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

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

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

Diet: [] Regular [] Mechanical soft [] Restrict fluid _____ [] Sodium restricted _____ mg
 [] Cardiac/Heart Healthy [] Diabetic (specify) _____ calorie [] Renal/Kidney
 [] Clear Liquid [] Full Liquid [] NPO [] Other: _____

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

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


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


Labs: [] Troponin (STAT, repeat 90min, and 12 hrs) [] CPK [] Myoglobin
 [] BMP [] CMP [] BNP [] D-Dimer [] Phosphorus [] Fasting lipid profile
 [] TSH [] UA [] ABG [] Digoxin level [] Magnesium
 [] CBC with differential () Now () In AM () Other _____
 [] CBC without differential () Now () In AM () Other _____
 [] Other Labs: _____

Studies: [] CXR: [] Portable [] PA/Lateral
 [] EKG now and in the AM
 [] STAT EKG PRN with chest pain or palpitations
 [] Echocardiogram Dr. _____ to read
 [] Nuclear Cardiac Scan (assess wall motion, EF)
 [] 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:	

 Salt Lake Regional MEDICAL CENTER 1050 East South Temple - Salt Lake City - Utah 84102 (801) 350-4111	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 40mg/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 (Coreg) 3.125 mg PO BID 6.25 mg PO BID 12.5 mg PO BID 25 mg PO BID
- Digoxin (Lanoxin) 0.125 mg 0.25 mg PO daily IV daily
- Morphine sulfate 2mg IV every 2 hr PRN dyspnea
- Heparin 5000 units SQ q 8 hrs
- 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+ _____ 5.5 mmol/L or Creatinine _____ 2.5.
- Lorazepam (Ativan) 0.5mg 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
- Temazepam (Restoril) 15 mg PO at bedtime PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting
- Percocet 5/325 mg PO every 4 hours PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hours PRN severe pain (unless patient is allergic to codeine or morphine)



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


Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hours)
 Docusate sodium (Colace) 100 mg PO qHS
 MOM 30 ml PO PRN constipation
 Make sure to 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 Vaccine 0.5 ml IM if patient more than 50 years (October through March)

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

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