

ADMIT TO INPATIENT STATUS:  MED/SURG  TELE  ICU  
 PLACE IN OBSERVATION SERVICES:  MED/SURG  TELE  OTHER:

Time of Arrival in ED \_\_\_\_\_

Admitting Doctor: \_\_\_\_\_ Condition on admission: \_\_\_\_\_  
 Admitting ED Doctor: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 New Onset Heart Failure  
 Known Heart Failure with Exacerbation  
 Heart Failure Related to \_\_\_\_\_

**NOTIFY DOCTOR IF:** \*Temp greater than 102 degrees F, SBP greater than 200 or less than 80 mm Hg,  
 HR greater than 140 or less than 50 bpm, O2 sats less than 88% on greater than 6 liters O2 per NC

**DIET** \*2 Gram Sodium Fluid restrict to 2 liters  
 Fluid restrict to \_\_\_\_\_ ml/day  
 Other \_\_\_\_\_

**ACTIVITY** \*Bed Rest with Bathroom privileges  Up ad lib  
**IV** \*Saline lock  at \_\_\_\_\_ ml/hr

**LAB** **On admission, if not done in Emergency Department:**  
 \* CMP, PT/INR, BNP  Magnesium  UA  Serum Ferritin  TSH  
 CPK every \_\_\_\_\_ hrs x \_\_\_\_\_  Troponin every \_\_\_\_\_ hrs x \_\_\_\_\_  
 CBC with differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  CBC without differential ( ) Now ( ) In AM ( ) Other \_\_\_\_\_  
**OTHER LABS (Specify days or daily)**  
 BMP Daily or \_\_\_\_\_  
 PT/INR \_\_\_\_\_  
 Magnesium \_\_\_\_\_  
 Digoxin Level \_\_\_\_\_  
 Lipid Profile (if not done in last 3 months)  
 Other \_\_\_\_\_

**MEDICATIONS: Document diagnosis or indication for all medications prescribed**

**ACE Inhibitor**  
 Vasotec \_\_\_\_\_ mg po twice daily or Lotensin \_\_\_\_\_ mg po daily.  
 Captopril \_\_\_\_\_ mg po daily.

**Beta Blocker/ARB**  
 Metoprolol \_\_\_\_\_ mg po twice daily or Metoprolol XL \_\_\_\_\_ mg po every daily.  
 Carvedilol (Coreg)  3.125 mg PO BID  6.25 mg PO BID  12.5 mg PO BID  25 mg PO BID

**Diuretic**  
 Hydrochlorothiazide (HCTZ) \_\_\_\_\_ mg po every daily.  
 Lasix \_\_\_\_\_ mg po daily.  
 Spironolactone \_\_\_\_\_ mg po daily.

**Other Medications**  
 Heparin 5,000 units Subcutaneous every 8 hours or  Lovenox 40mg Subcutaneous every 24 hours.  
 Warfarin \_\_\_\_\_ mg po every evening.  
 Anticoagulant protocol per pharmacy.  
 Enteric Aspirin \_\_\_\_\_ mg po daily.  
 Digoxin \_\_\_\_\_ mg po daily.  
 Zocor \_\_\_\_\_ mg po every evening.  
 Cordarone \_\_\_\_\_ mg po twice daily.  
 Pepcid 20mg po twice daily.  
 \* Acetaminophen 650 mg PO or PR every 4 hours PRN temp greater than 101 degrees F or pain (Do Not Exceed 4 gms in 24 hours)  
 \_\_\_\_\_

**TREATMENTS** \*VS Per Unit Routine \*I&O \*Admission and daily AM weight

**RADIOLOGY** \*CXR on admit (if not done in ED)

**CARDIOPULMONARY**  
 \*Check O2 saturation-administer O2 per cannula to keep sats above 92% at rest  
 EKG  
 Echocardiogram: if not done document Ejection Fraction

**EDUCATION:** \*If patient is an active smoker: give patient educational brochure on smoking cessation  
 \*Give Heart Failure Education Packet

VORB  Faxed to Pharmacy **Date/Time:** \_\_\_\_\_ **TRANSCRIBED BY:** \_\_\_\_\_  
**ATTENDING PHYSICIAN SIGNATURE:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

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

<b>Davis Hospital</b> AND MEDICAL CENTER 1600 West Antelope Drive Layton, UT 84041	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies: _____								
	Attending Physician Name: _____								