

HEART FAILURE ADMISSION ORDER

Admitting Physician: _____ Date: _____ Time: _____

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

Consult: Cardiology: _____ Pulmonary: _____
 Case Management Dietary for instruction for patient and family regarding diet Other: _____

Allergies: _____
 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 _____ 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 overnight monitor
 Glucose checks AC and at bedtime or every _____ hrs Compression Hose (TED)
 Fluid restriction: _____ ml/days
 Other: _____

Diet: Regular NPO 2 gm low sodium 2 gm NA diet 1500 ml fluid restriction 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%
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be placed in chart

Nitroglycerin IV Protocol
 Weight Based Heparin Dosing Protocol for UA and/or MI
 Insulin Infusion Protocol (ICU patients only)


Labs: Troponin (STAT, repeat 90 min, and 12 hours)
 BNP BMP CMP Magnesium Phosphorus CPK
 Fasting lipid profile Cardiac Enzymes (every 6 hrs x 3) TSH UA CBC ABG
 Digoxin level Myoglobin D-Dimer Phosphorus
 Other Labs: _____

Studies: CXray: Portable PA/Lateral
 EKG
 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:		

 503 Mcmillan Rd. - West Monroe, LA 71291	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)

Diuretics

- 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

Beta Blockers

- Carvedilol phosphate (Coreg CR) 10 mg PO daily 20 mg PO daily 40 mg PO daily 80 mg PO daily

ACE Inhibitor

- 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.

Pain

- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine sulfate 2 mg IV every 2 hrs PRN dyspnea
- Digoxin (Lanoxin) 0.125 mg 0.25 mg PO daily IV daily
- Morphine sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)

Anticoagulant Thromboprophylaxis:

- Heparin 5,000 units subcutaneous every 8 hours
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs
- 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 PO twice daily or IV twice daily (unable to tolerate PO)
- KCL (Micro-K) 20 mg PO daily 40 mEq PO daily
- Nicotine _____ mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO qHS 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

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 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours 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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 Glenwood REGIONAL MEDICAL CENTER 503 Mcmillan Rd. - West Monroe, LA 71291	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								