

HEART FAILURE (HF) ADMISSION ORDERS

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DATE _____ Time _____

1. **Admit** to Service of _____
 Case Management Assignment Protocol

2. **Allergies:** _____

3. **Admit to:** ICU Telemetry Unmonitored Bed

4. **Diagnosis:** CHF New Onset Chronic With Exacerbation

Additional Diagnoses: _____

5. **Condition:** Stable Serious Guarded

6. **Code Status:** Full DNR Initiate Comfort Care Protocol

7. **Last Estimated Ejection Fraction Assessment:** _____%

Or Needs ejection fraction assessment: Echocardiogram to assess LV function and wall motion

Reason not to assess ejection fraction: Previous Echo Other _____

8. **Nursing Documentation:** Vital Signs per unit protocol Other _____

Daily Weights (kg) / I&O and record on admission and daily.

9. **IV:** Saline lock or IV fluids: _____

10. **Oxygen:** O₂ per protocol O₂ _____

11. **Activity:** Bedrest Bedrest with BRP As tolerated

12. **Diet:** Cardiac Select 2 gm Sodium Mechanical Soft Other _____

ADA / calories _____ Calorie _____

13. **Fluids:** No Fluid Restriction Fluid Restriction _____ ml/day

Encourage Fluids

14. Medication Choices:

ACEI / ARB: NOTE: If angiotensin converting enzyme (ACE) Inhibitor *or* angiotensin receptor blocker (ARB) are not ordered for LVEF <40%, contraindication must be listed for **BOTH** **Not indicated (EF ≥40%)**

ACE Inhibitor: _____ dose _____ route _____ frequency _____

or

Angiotensin receptor blocker (ARB) _____ dose _____ route _____ frequency _____

Contraindication to ACE inhibitor and ARB: ACEI allergy AND ARB allergy Azotemia

Moderate or severe aortic stenosis Excessive hypotension

Other reason not to prescribe ACEI or ARB: _____

Beta Blocker:

_____ dose _____ route _____ frequency _____

Diuretic: Spironolactone: _____ mg orally Frequency _____

Furosemide: _____ mg orally IV Frequency _____

Furosemide Drip: _____

KCL Supplement: orally IV _____

Antiplatelet Therapy: ASA 81mg orally daily ASA 162mg orally daily ASA 325mg orally daily

Plavix 75 mg orally daily Other _____

Anticoagulation: Heparin per Weight-Based Protocol

Lovenox: dose _____ route _____ frequency _____

Warfarin (Coumadin): dose _____ route _____ frequency _____

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15. Medication Choices (continued):

- Nitrates: Nitroglycerin 1/150 grain (0.4 mg) sublingual every 5 minutes as needed for chest pain for 3 times (hold if systolic BP less than 100mmHg).
 IV Nitroglycerin 50 mg/500 mL D₅W titrate to relieve chest pain; maintain systolic BP greater than 100 mmHg.
 Topical Nitroglycerin _____ inch (es) every _____ hours.
- Pain: Acetaminophen 650 mg orally every 4 hours prn mild pain / headache not to exceed 4 gms/24 hrs
 Other _____
- GI: Protonix 40mg every day Orally IV
- Constipation: Milk of Magnesia 1-4 tablespoons orally every day – titrate to soft stools
 Other _____
- Sleep: Ambien 5-10 mg orally PRN Insomnia Other _____
- DVT Prophylaxis: Sequential Compression Devices Other _____
- Other Medication:
 Digoxin _____ mg orally IV Frequency _____
 Dobutamine 2.5 mcg/kg/min IV 5 mcg/kg/min IV Other _____
 Nesiritide 2 mcg/kg IV bolus 0.01 mcg/kg/min IV (max dose is 0.03mcg/kg/min)
 Simvastatin (Zocor) dose _____mg orally every night
 Other : _____ Other : _____
 Other : _____ Other : _____
 Other : _____ Other : _____

16. **Diagnostic Studies:** EKG PA and lateral CXR or Portable CXR

17. **Admit Lab:** CBC CMP BMP Magnesium TSH
 UA BNP PT/PTT Digoxin level Uric Acid
 Serial Cardiac Enzymes 0 and 6 hours (0= time of initial blood draw in ER or on admit)
 Other _____

18. **AM Lab:** _____

19. Assessments/Consultations:

- Dietary PT OT Other _____
- Notify patient's primary cardiologist (courtesy call) _____
- Smoking cessation counseling/education if patient smoked in last year

20. Discharge planning:

- Case Management for discharge planning
- HF education and handout. Handout includes information on activity, diet/nutrition, medications, weight monitoring, smoking, and what to do if symptoms worsen.

Physician's Signature

Date/Time

