



ACUTE HEART FAILURE

Admission Order Page 1 of 2

= Automatic = Physician's option - check off to order

1. Admit To Doctor: _____ UNIT (Bed): _____ Telemetry ICU
 Admit To Unit (Bed) Telemetry
 Observation Status Telemetry

2. Consult:
 Cardiology _____ **Reason:** Acute Heart Failure
Physician _____ **Reason** _____

Care Management for discharge planning. Home care referral if patient discharged home.
 Palliative Care Consult: - goal setting. symptom management

3. Laboratory studies:
 Verify all Emergency Dept. orders are complete and results are posted on the chart.
 If any of these orders are not complete, do them NOW if not done in prior 48 hours: CBC, LYLES, BUN/Cr, GLU, Mg
 Repeat serum electrolytes, BUN/Cr in a.m.
 Repeat electrolytes, BUN/Cr again on _____ (date). (Consider if on IV diuretic)
 Repeat Troponin within 6 hours after initial Troponin
 PT/INR (if patient on warfarin)
 Digoxin level
 Other: _____

4. Ancillary orders:
 Nursing unit to obtain a copy of prior Echocardiogram and place results in chart. If results not available in 24 hours, notify attending physician.
 Pulse ox as needed respiratory distress and notify physician
 Oxygen _____ Liters per _____. Titrate for O₂ saturation greater than 92%. Re-evaluate need for O₂ in 24 hours per protocol
 2-view Chest X-ray if not done in ED. Reason: CHF
 Prior echo results _____ %
 Echocardiogram with Cardiac Doppler and Color Flow (**Order if no prior echo in last 6 months**)
 Electrocardiogram at time of repeat Troponin (house officer to read)

5. Diet:
 Cardiac diet Sodium restricted Diabetic _____
 Fluid restriction _____ Other _____

6. Activity:
 Progress to tolerance Other _____

7. Miscellaneous:
 Cardiac monitor. Reassess in 8 hours
 Vital Signs per unit protocol and as needed Other _____
 Strict I & O every shift. **If urine output less than 200 ml/4 hours in first 24 hours of admission, notify physician**
 Obtain and record: admission height and weight (kg)
 Record daily weights
 Remove Foley catheter in AM if in place, **unless history of long term indwelling catheter or obstructive disease.** Monitor urine output and notify physician if no output in 8 hours.
 Nursing to initiate teaching with Guide to Living with Heart Failure/Healthy Living Planner and document prior to discharge: medications, diet, activity, weight monitoring, signs/symptoms to notify doctor, and follow-up care.
 Nursing to initiate smoking cessation counseling using Guide to Living with Heart Failure/Heart Disease if smoker in past 12 months.
 Nursing Pneumococcal and influenza vaccine screen and administration per local protocol

Phone order taken by and read back by:		Date/Time:
Transcriber's Signature:		Date/Time:
Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Beeper Number/ID Number	Date/Time:



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Allergy/Sensitivities and Reactions:

PLEASE UTILIZE MEDICATION RECONCILIATION FORM FOR EVALUATION OF PRE-ADMISSION MEDICATIONS.

8. MEDICATIONS:

IV access: Saline lock. Other _____

DIURETICS

- Furosemide (Lasix®) _____ mg IV Push every _____ hours
- Furosemide (Lasix®) 200 mg/100 ml 0.9% NaCl. Infuse at _____ mg/hr
- Furosemide (Lasix®) _____ mg orally every _____ hours
- Spironolactone (Aldactone®) _____ mg orally daily (*Prescriber: re-assess need if creatinine greater than 2.0 or hyperkalemia*)

ACE INHIBITOR / ARB

ACE/ARB exception: _____ ACE cough

- If systolic BP less than 90 mmHg Hold ACE/ARB **AND** notify physician.
- Captopril (Capoten®) _____ mg orally every _____ hours
- Enalapril (Vasotec®) _____ mg orally every _____ hours
- Lisinopril (Zestril®) _____ mg orally daily
- Losartan (Cozaar) _____ mg orally daily

BETA BLOCKER

- If HR less than 50 Systolic BP less than 90 mmHg hold Beta Blocker **AND** notify physician
- Hold Beta Blocker if on dobutamine
- Metoprolol Extended Release (Toprol XL®) _____ mg orally once daily
- Metoprolol (Lopressor®) _____ mg orally every _____ hours
- Carvedilol (Coreg®) _____ mg orally every 12 hours

NITRATES

- If systolic BP less than 90 mmHg, hold nitrate **AND** call physician.
- Nitroglycerin 50 mg/250 ml D5%W. Infuse at _____ mcg/min. Titrate to maintain systolic BP greater than 90 mmHg.
- NITRATE: _____
- Nitroglycerin 0.4 mg sublingual as needed for chest pain. May repeat every 5 minutes x 2.

ANTIPLATELET THERAPY

- Aspirin enteric coated 325 mg orally daily
- Aspirin enteric coated 81 mg orally daily
- Clopidogrel (Plavix®) 75 mg orally daily

ANTICOAGULATION

- Use separate Heparin Standing Orders form if in use at local site.**
- Heparin per local weight based protocol. Anticoagulation dosing service
 - Warfarin _____ mg orally daily at 1800. Anticoagulation dosing service

SMOKING CESSATION

- Nicotine patch _____ mg (7 mg, 14 mg, or 21 mg) applied topically once daily

LIPID LOWERING DRUG

- Simvastatin (Zocor®) _____ mg once daily at bedtime

OTHER MEDICATIONS

- Digoxin _____ mg orally once daily
- KCl _____ mEq orally _____ times a day (*reconsider need if on Spironolactone or ACE Inhibitor*)
- Magnesium _____
- Milk of Magnesia 30 ml orally daily as needed for constipation
- Acetaminophen 650 mg orally every 4 hours as needed for discomfort, but not for fever without physician's order (maximum dose 4 gm/24 hours)
- _____ at bedtime daily as needed for insomnia

VTE prophylaxis: Use separate VTE Prophylaxis for Adult Patient Standing Orders.

Insulin: Use separate Adult Insulin Standing Orders.

Nesiritide: Use separate Nesiritide Standing Orders if this drug is being prescribed.

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Prescriber's Printed Name:	Noting Nurse's Signature:	Date/Time:
Prescriber's Signature:	Beeper Number/ID Number	Date/Time: