

Heart Failure Admission Orders for Adult Patients

Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you **do not** wish to order mark through

Attending Physician: _____ Diagnosis: _____

Observation Status on: Med/Surg 5N Telemetry 5N Step-down Admit or transfer to: _____ Unit

Admit for Inpatient Care

ALLERGIES: NKA **ALLERGIC to:** _____

VITAL SIGNS:

Vital signs every _____ minute(s)

Vital signs every _____ hour(s)

ACTIVITY:

Bed rest

Bed rest with bathroom privileges

Activity as tolerated

DIET:

Therapeutic Diet; 3gram sodium low animal fat diet

Other diet: _____

Fluid restriction 2000 ml/day

IV SOLUTIONS:

Saline lock for intravenous medications

MEDICATIONS: Angiotension-converting enzyme factor (ACE) inhibitors/Angiotension Receptor Blockers (ARB)

Angiothension-converting enzyme factor (ACE) Inhibitor:

Captopril (Capoten) _____ mg PO every 8 hours (starting dose 6.25 mg, maximum dose 150 mg/day)

Lisinopril (Prinivil) _____ mg PO daily (starting dose 5 mg, maximum dose 40 mg per day)

Enalapril (Vasotec) _____ mg PO BID (starting dose 2.5 mg, maximum dose 20 mg per day)

Ramipril (Altace) _____ mg PO BID (starting dose 2.5 mg, maximum dose 5 mg BID)

For systolic BP less than _____ mmHg, omit next dose of ACE inhibitor and notify Physician

If ace inhibitor not ordered, list reason: _____ and consider ARB:

Angiotension Receptor Blockers (ARB) for patients that listed reason not to take ACE inhibitors

Candesartan (Atacand) _____ mg PO daily (starting dose 4 mg, maximum dose 32 mg per day)

Valsartan (Diovan) _____ mg PO BID (starting dose 40 mg BID, maximum dose 160 mg BID)

If neither ACE Inhibitor nor ARB are ordered, list reason: _____

MEDICATIONS (other):

Hydralazine _____ mg PO every 6 hours; AND

Isosorbide Dinitrate _____ mg PO TID for vasodilation

Furosemide (Lasix) _____ mg IV once for fluid overload

Repeat **furosemide (Lasix)** _____ mg IV every _____ hours for _____ doses for fluid overload

Potassium chloride oral solution _____ mEq orally once for electrolyte replacement

Repeat **potassium chloride oral solution** _____ mEq orally daily for _____ doses for electrolyte replacement

Refer to **Warfarin** Initiation Orders CHH orderset # 1482 for **Coumadin** orders

Acetaminophen (Tylenol) 325 mg tablets, 2 PO every 4 hours PRN for mild pain or temperature greater than 100 degrees F (no more than 4 grams of **acetaminophen** in 24 hours)

Docusate calcium (Surfak) 240 mg PO at bedtime PRN for constipation

Physician Initials: _____



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MEDICATIONS (continued):

- Aluminum-magnesium hydroxide/simethicone (Mylanta) 30 ml PO every 4 hours PRN for indigestion
Aluminum hydroxide (Amphogel) 10 ml (for dialysis patients) PO every 4 hours PRN for indigestion

PATIENT CARE:

- Perform VTE Risk Assessment Form from CHH form # 1153 and proceed with VTE Prophylaxis as indicated by assessment from form
Strict I and O every shift
Weight on admission; THEN
Daily weight at same time every day
Cardiac monitor
Provide heart failure education

LABORATORY: indication: Heart Failure

- Cardiac B-type natriuretic peptide (BNP)
CCP (complete chemistry profile) on admission
BMP (basic metabolic panel) in AM
Magnesium level
Repeat PT/INR daily for ___ days, indication Coumadin therapy
Lipid Panel in am
TSH, if over 65 and no previous documentation
CBC with differential (notify Physician if platelets less than 100,000 cmm)

RADIOLOGY:

- Chest x-ray, PA and lateral, indication: heart failure (if not done in Emergency Department)

CARDIOLOGY:

- EKG, indication: heart failure (if not done in Emergency Department)
Echocardiogram, indication heart failure uncertain etiology or unknown severity

RESPIRATORY:

- Provide/document Smoking Cessation Counseling for patient's who smoked within last 12 months
Continuous pulse oximetry x 24 hours
Oxygen titration protocol to maintain oxygen saturation greater than or equal to 92% for heart failure

CONSULTS:

- Consult Dietician for dietary counseling and home diet instruction
Consult Cardiac Rehabilitation for evaluation and activity level

ADDITIONAL ORDERS:

Horizontal lines for additional orders

Physician Payer Date Time Verbal Order Verification Signature Date Time