

Heart Failure as a Secondary Diagnosis Supplemental Orders for Adult Patients

- Directions:**
1. Mark through the item you do not wish to order
 2. Indicate choice when options are available by placing a check (√) in the parenthesis

1. MONITORING: () Weight on admission and daily at same time using same scales
2. DIET: () Three-gram sodium low animal fat () Other diet _____ () Fluid restriction 2000ml/day Consult Dietician for Dietary Counseling and instruction in home diet
3. EDUCATION: Provide and document Smoking Cessation Counseling for any patient who has smoked within 12 mos.
4. RECORDS: Print most recent ECHO report or record of previous ejection fraction from old chart and place on chart Obtain any previous Cardiac Catheterization report and place on chart
5. LABS: Reason for tests – Heart Failure () TSH if over 65 years and no previous () CBC – Notify Physician if platelets less than 100,000 () CBC every two days while on heparin or enoxaparin (Lovenox)
6. DIAGNOSTICS: Reason for tests – Heart Failure () ECHOCardiogram - if no assessment of ventricular function reported within 12 months (ECHO, Cath, Nuclear) () Schedule Outpatient ECHO – “Heart Failure - Assessment of Ventricular Function”
7. MEDICATIONS: Consider adding a beta-blocker when the patient is clinically stable. If the patient is unstable and is on a beta-blocker, consider reducing the dose until the patient is stable.
ACE INHIBITOR: Titrate based upon patient response, reduce dose for hypotension or renal failure
() Captopril (Capoten) _____ mg orally every 8 hours (Starting dose 6.25mg. Maximum dose 150mg per day)
() Lisinopril (Prinivil) _____ mg orally daily (Starting dose 5mg Maximum dose 40mg per day)
() Enalapril (Vasotec) _____ mg orally twice per day (Starting dose 2.5mg Maximum dose 20mg per day)
If ACE Inhibitor not ordered, list reason: _____ and consider ARB
ANGIOTENSIN RECEPTOR BLOCKER (ARB) - for patients who have a listed reason not to take ACE Inhibitors
() Candesartan (Atacand) _____ mg orally once per day (Starting dose 4mg; Maximum dose 32mg per day)
() Valsartan (Diovan) _____ orally twice per day (Starting dose 20 mg bid; Maximum dose 160mg bid)
If neither ACE Inhibitor nor ARB are ordered, list reason: _____
() Hydralazine _____ mg orally every 6 hours and AND Isosorbide Dinitrate _____ mg orally three times per day
() Furosemide (Lasix) _____ mg I.V. once; () repeat Furosemide (Lasix) I.V. every _____ hours for _____ doses
() Potassium Chloride oral solution _____ mEq orally once; and () _____ mEq orally daily for _____ days
DVT PROPHYLAXIS (unless contraindicated):
If the patient’s estimated GFR is less than 30ml per minute, Heparin is a safer alternative.
() Lovenox (Enoxaparin) 40mg subcutaneously daily
() Heparin 5000 units subcutaneously every () 8 hours, or every () 12 hours
() Fondaparinux (Arixtra) 2.5mg subcutaneously daily
() Sequential Calf Compression Device (SCD) or () Foot Pump
() Reason DVT Prophylaxis not given: _____
Review Contraindications/Precautions before ordering anticoagulants:
• Active bleeding • Hypersensitivity to Heparin, LMWH, or pork products • Heparin-induced thrombocytopenia
• Uncontrolled hypertension: SBP over 180 or DBP over 105 • Spinal tap or epidural anesthesia within 12 hrs
• Recent intraocular, intracranial, spinal, or major surgery • Hemorrhagic CVA/intracranial bleed within 3 months
• Platelet count below 100,000 • Estimated GFR under 30ml per minute • Abnormal PT/PTT

() Verbal Order Verification

Physician’s Signature: _____

Date/Time: _____

Patient Identification