

ALLERGY NO YES WT. _____ (kg.) HT. _____
IF YES, PLEASE STATE _____
PRESS HARD WITH BALL POINT PEN

HEART FAILURE PREPRINTED ORDER

Date: _____ Admit to: _____

Diagnosis heart failure: Ischemic Cardiomyopathy Non ischemic Cardiomyopathy New onset Exacerbation

Functional Class on Admission:

- Class I (no symptoms) Class II (symptoms with moderate exertion)
 Class III (symptoms with minor exertion) Class IV (Symptoms at rest)

Secondary diagnosis: _____

Consult _____ regarding _____ (diagnosis, sign or symptom).

Courtesy Notification Dr. _____

- Case Coordinator consult re: CHF education and case management.
- Smoking cessation consult for history of smoking within the last 12 months.

Required Documentation

- Cardiac rehabilitation consultation
- Social service consultation re: _____

Code Status - **The patient is full resuscitation status unless the following is ordered:**

- No resuscitation / No intubation
 - Resuscitation measures as directed below
 - Yes No Medications
 - Yes No Compressions
 - Yes No Countershock
 - Yes No Intubation/Mechanical Vent
- Patient on a No Code Blue / Do Not Resuscitate order who receive anesthesia/sedation or radiographic contrast **has been informed that he/she will receive full resuscitation.**
- Have discussed with the patient/family including all relevant facts, information, and circumstances about the resuscitation plan of care.

This section replaces the need for the No Code Blue/Do Not Resuscitate Orders.

Nursing Orders:

Admission weight _____ (kg) Home weight _____ (kg) (Estimate Accurate)

Daily weight before breakfast. (Call physician, after 0800, if weight up \geq 1.5 kg overnight.)

Strict I&O

Respiratory: O₂ per nasal cannular at 2 liter/min prn chest pain or SOB, to keep SaO₂ >90%.

Pulse oximetry QID CPAP/BiPAP as at home or _____

Vital signs: QID or _____ Do not awaken for VS if stable

Orthostatic blood pressure: (Lying, sitting, and standing) once daily BID TID or _____ times/day.

Cardiac monitor: Continuous (May be off cardiac monitor for transfer to tests if rhythm stable.)

Activity: As tolerated or _____

Nutrition: 2500 mg/day sodium, no caffeine for 1st 24 hrs of admission (add ADA if diabetic) and _____
(After assessment by dietitian, diet may be changed to meet patient's needs. Assess for nutrition counseling.)

Fluid restriction: 2000 ml 1500 ml or _____

May place Foley catheter as indicated and may discontinue when tolerating BRP's

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ORDER SHEET

Department of Cardiovascular Surgery - IN PROCESS

Date: DRAFT

ppo # 1/2

TELE CPRU ONC CCE MED1 CCN MED2 CCS MPCU
White Copy - Chart Yellow Copy - Pharmacy Pink Copy - Nurse

ALLERGY NO YES WT. _____ (kg.) HT. _____
 IF YES, PLEASE STATE _____
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HEART FAILURE PREPRINTED ORDER (continued)

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Diagnostic Tests:

(Obtain ER, clinic, referral hospital test results. If done within past 7 days, do not repeat.)

Labs: _____

Imaging:

- CXR PA Lat
 Other _____

Required Documentation

Documentation of ejection fraction _____ %.
 Date if done previously _____

Cardiology:

- ECG
 Echocardiogram – Dx: _____
 Stress testing: _____
 Other _____

Cardiac Medications: (See attachment for medicine utilization guidelines)*

Document Hx of Adverse Reaction and date (/ /)

Required Documentation

ACE Inhibitor:

- If ACE Inhibitor contraindicated: Angiotensin II Receptor Blocker:

If 2 consecutive BP's (15 min apart) are ≤ 80 mmHg systolic, Hold med and call MD.

Beta Blocker:

(Do not initiate during decompensated CHF)

If 2 consecutive BP's (15 min apart) are ≤ 80 mmHg systolic, Hold med and call MD. Hold for HR < 50 or _____ or pause ≥ 2.5 seconds.

If initiating IV medicated drips, utilize the **Heart Failure Medicated IV Solution Order Sheet**.

* See more detail of heart failure medication in CentraNet. Go to Clinical Guidelines folder, then CHF Guideline title, then Pharmacologically Management section.

Orders **with a checkbox present** must be checked off to be implemented.
 Orders **without a checkbox present** will be implemented unless stricken out.

Signature: _____

Date: _____ Time: _____

ORDER SHEET

Department of Cardiovascular Surgery – IN PROCESS

Date: DRAFT ppo # 2/2

- TELE CPRU ONC CCE MED1 CCN MED2 CCS MPCU

White Copy - Chart Yellow Copy - Pharmacy Pink Copy - Nurse