



PHYSICIAN'S ORDERS

ORDERED		CONGESTIVE HEART FAILURE ORDERS (PAGE 1) Michael J. Boland, M.D.	TIME
Date	Time		ORDER NOTED
		ADMIT TO: <input type="checkbox"/> ICU <input type="checkbox"/> PCU	
		DIAGNOSIS: CONGESTIVE HEART FAILURE, EJECTION FRACTION - _____ %	
		DIET: AHA DIET, 1500 ML/24 HOUR FLUID RESTRICTION	
		WEIGHT: WEIGH PATIENT ON ADMISSION AND RECORD	
		WEIGH DAILY, STAND-UP SCALES, 0600H (AFTER VOIDING)	
		ACTIVITY: BEDREST WITH BATHROOM PRIVILEGES	
		VITAL SIGNS: Q4H X 24 HOURS, THEN QID	
		FOLEY CATHETER TO BEDSIDE DRAIN <input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> PA AND LATERAL CHEST X-RAY, "CHF", TOMORROW, WHEELCHAIR	
		<input type="checkbox"/> PA AND LATERAL CHEST X-RAY, "CHF", TODAY, WHEELCHAIR	
		<input type="checkbox"/> EKG, IN AM	
		<input type="checkbox"/> ECHOCARDIOGRAM, 2-D AND M-MODE WITH DOPPLER, "CHF". TODAY, PORTABLE	
		<input type="checkbox"/> ECHOCARDIOGRAM, 2-D AND M-MODE WITH DOPPLER, "CHF", IN AM, PORTABLE	
		<input type="checkbox"/> O2, 2 LMIN, NBP, MAINTAIN SAO2 > 90%	
		<input type="checkbox"/> INSERT INT	
		<input type="checkbox"/> D5W, 30 ML/HOUR	
		<input type="checkbox"/> D5 1/2 NS, 30 ML/HOUR	
		<input type="checkbox"/> LAB: CBC WITHOUT DIFF, CMP, MAGNESIUM, PT/INR, TSH, T4, BNP, NOW	
		<input type="checkbox"/> LAB: DIGOXIN LEVEL, NOW	
		<input type="checkbox"/> LAB: CK, CK-MB, TROPONIN I, NOW	
		<input type="checkbox"/> LAB: RENAL FUNCTION PANEL DAILY X 3	
		<input type="checkbox"/> LAB: LIPID PANEL, AM	
		<input type="checkbox"/> LAB: ARTERIAL BLOOD GASES, NOW	
		<input type="checkbox"/> LAB: ARTERIAL BLOOD GASES, TOMORROW	
		<input type="checkbox"/> ASPIRIN, 81 MG, BY MOUTH, DAILY	
		<input type="checkbox"/> ASPIRIN, 325 MG, BY MOUTH, DAILY	
		<input type="checkbox"/> LANOXIN (DIGOXIN), 0.125 MG, BY MOUTH, DAILY	
		<input type="checkbox"/> ALDACTONE (SPIRONALACTONE), <input type="checkbox"/> 12.5 MG <input type="checkbox"/> 25 MG BY MOUTH DAILY	
		<input type="checkbox"/> LASIX (FUROSEMIDE), <input type="checkbox"/> 20 MG <input type="checkbox"/> 40 MG <input type="checkbox"/> 80 MG, INTRAVENOUSLY	
		<input type="checkbox"/> EVERY TWELVE HOURS <input type="checkbox"/> EVERY EIGHT HOURS <input type="checkbox"/> EVERY SIX HOURS	



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		<input type="checkbox"/> ALTACE (RAMIPRIL), <input type="checkbox"/> 5.0MG <input type="checkbox"/> 10MG, BY MOUTH, DAILY	
		<input type="checkbox"/> VASOTEC (ENALAPRIL) <input type="checkbox"/> 2.5MG <input type="checkbox"/> 5.0MG <input type="checkbox"/> 10MG <input type="checkbox"/> 20MG, BY MOUTH, TWICE DAILY	
		<input type="checkbox"/> LISINOPRIL <input type="checkbox"/> 5.0MG <input type="checkbox"/> 10MG <input type="checkbox"/> 20MG, BY MOUTH, <input type="checkbox"/> DAILY <input type="checkbox"/> TWICE DAILY	
		<input type="checkbox"/> AVAPRO (IRBESARTAN), <input type="checkbox"/> 75MG <input type="checkbox"/> 150MG <input type="checkbox"/> 300MG, BY MOUTH, DAILY	
		<input type="checkbox"/> DIOVAN (VALSARTAN), <input type="checkbox"/> 80MG <input type="checkbox"/> 160MG <input type="checkbox"/> 320MG, BY MOUTH, DAILY	
		<input type="checkbox"/> COREG (CARVEDILOL), <input type="checkbox"/> 3.125MG <input type="checkbox"/> 6.25MG <input type="checkbox"/> 12.5MG <input type="checkbox"/> 25MG, BY MOUTH, <input type="checkbox"/> DAILY <input type="checkbox"/> TWICE DAILY	
		<input type="checkbox"/> TOPROLXL (METOPROLOL) <input type="checkbox"/> 25MG <input type="checkbox"/> 50MG, BY MOUTH, <input type="checkbox"/> DAILY <input type="checkbox"/> TWICE DAILY	
		<input type="checkbox"/> LOVENOX (ENOXAPARIN), 1 MG/KG, SUBCUTANEOUSLY, Q12H	
		<input type="checkbox"/> LOVENOX (ENOXAPARIN), 30 MG, SUBCUTANEOUSLY, Q12H	
		<input type="checkbox"/> LOVENOX (ENOXAPARIN), 40 MG, SUBCUTANEOUSLY, DAILY	
		<input type="checkbox"/> SEQUENTIAL COMPRESSION DEVICE	
		<input type="checkbox"/> TED HOSE, FULL LENGTH	
		<input type="checkbox"/> DOBUTAMINE INFUSION, 5 MCG/KG/MIN, UNTIL DISCONTINUED	
		<input type="checkbox"/> DOPAMINE INFUSION, 2 MCG/KG/MIN, UNTIL DISCONTINUED, TITRATE TO MAINTAIN SBP GREATER THAN 80 MMHG	
		<input type="checkbox"/> NATRECOR (NESIRITIDE), 2 MCG/KG. FOLLOW BY CONTINUOUS INFUSION, 0.01 MCG/KG/MIN	
		<input type="checkbox"/> 2000 CAL ADA DIET WITH AHA GUIDELINES, 1500 ML/24 HOUR FLUID RESTRICTION	
		<input type="checkbox"/> ACCUCHECK, 0700H, 1100H, 1700H, 2100H	
		<input type="checkbox"/> SLIDING SCALE, REGULAR INSULIN	
		<input type="checkbox"/> UP AD LIB, IN ROOM	
		<input type="checkbox"/> CONSULT CARDIAC REHABILITATION FOR CHF EDUCATION	
		<input type="checkbox"/> PROVIDE CHF EDUCATIONAL MATERIAL	
		<input type="checkbox"/> CONSULT CARDIAC REHABILITATION	
		<input type="checkbox"/> PROVIDE SMOKING CESSATION EDUCATIONAL MATERIAL AND COUNSELING	
		<input type="checkbox"/> DIETARY CONSULTATION REGARDING 5 GM/24H SALT RESTRICTION	
		<input type="checkbox"/> DIETARY CONSULTATION REGARDING 1500 ML/24H FLUID RESTRICTION	
		<input type="checkbox"/> LASIX (FUROSEMIDE), 250 MG IN 250 ML D5W AT 10 ML/HOUR	
		<input type="checkbox"/> BUMEX (BUMETANIDE), 10 MG IN 250 ML D5W; GIVE 4 ML BOLUS, THEN INFUSION AT 4 ML/HOUR	



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ORDERED		CONGESTIVE HEART FAILURE ORDERS (PAGE 3) Michael J. Boland, M.D.	TIME
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		<input type="checkbox"/> CONSULT PULMONOLOGIST ON CALL	
		<input type="checkbox"/> CONSULT NEPHROLOGIST ON CALL	
		PRN MEDICATIONS	
		PHENERGAN (PROMETHAZINE) 12.5 MG IV, EVERY SIX HOURS, AS NEEDED, VOMITING	
		PHENERGAN (PROMETHAZINE) 25 MG IV, EVERY SIX HOURS, AS NEEDED, VOMITING	
		TYLENOL (ACETAMINOPHEN) 500 MG BY MOUTH EVERY FOUR HOURS AS NEEDED, PAIN	
		XANAX (ALPRAZOLAM) 0.25 MG, BY MOUTH EVERY 6 HOURS AS NEEDED, ANXIETY	
		PEPCID (FAMOTIDINE) 40 MG, BY MOUTH, DAILY, AS NEEDED, INDIGESTION	
		LORTAB (ACETAMINOPHEN/HYDROCODONE) 7.5 MG, BY MOUTH, EVERY FOUR HOURS, AS NEEDED, PAIN	
		AMBIEN (ZOLPIDEM) <input type="checkbox"/> 5 MG <input type="checkbox"/> 10 MG BY MOUTH AT BEDTIME AS NEEDED, SLEEP	
		NITROGLYCERIN 0.4 MG SL, AS NEEDED, CHEST PAIN	
		NOTIFY MD IF:	
		SBP GREATER THAN 165 OR LESS THAN 90, DBP GREATER THAN	
		HR GREATER THAN 110 OR LESS THAN 45	
		RR GREATER THAN 30 OR LESS THAN 10	
		O2 SATS LESS THAN 90% ON 4 L/MIN OXYGEN PER VASAL CANNULA	
		MAJOR CHANGE IN CARDIAC RHYTHM, HEART BLOCK OR ATRIAL FIB/FLUTTER	
		Physician Signature:	
		Date/Time:	

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