



ORDERED		Congestive Heart Failure Order Set (1 of 5 )	TIME ORDER NOTED
DATE	TIME		
		<i>Check appropriate boxes:</i>	
		<b>Admit to:</b> <input type="checkbox"/> Observation (<24 hours) <input type="checkbox"/> 3PT <input type="checkbox"/> PCU <input type="checkbox"/> ICU <input type="checkbox"/> Telemetry	
		Attending Physician:	
		<b>Diagnosis(es)</b> : Congestive Heart Failure	
		<b>Isolation:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (List Type/Reason)	
		<b>Condition:</b> <input type="checkbox"/> Stable <input type="checkbox"/> Guarded <input type="checkbox"/> Critical	
		<b>Code Status:</b> <input type="checkbox"/> Full Code <input type="checkbox"/> DNR (Do Not Resuscitate) <input type="checkbox"/> DNI (Do Not Intubate)	
		(See Progress Note Today) <input type="checkbox"/> Comfort Care <input type="checkbox"/> Other (Explain)	
		<b>Activity:</b> <input type="checkbox"/> Ad lib <input type="checkbox"/> Bedrest <input type="checkbox"/> Bedrest with bedside commode <input type="checkbox"/> Other	
		<b>Nursing:</b> Vital Signs: <input type="checkbox"/> Routine <input type="checkbox"/> every 4 hours for first 24 hours then each shift	
		Intake & Output Recording: <input type="checkbox"/> every hour <input type="checkbox"/> every shift	
		Height & Weight: Record Here → Height (inches): _____ Weight(kg): _____	
		<input type="checkbox"/> Record daily weights by 0600 every day with the same scale (no bedscale if able)	
		<input type="checkbox"/> Place Peripheral IV	
		<input type="checkbox"/> Place Foley catheter	
		Place: <input type="checkbox"/> NG Tube <input type="checkbox"/> OG Tube → <input type="checkbox"/> to gravity <input type="checkbox"/> to continuous suction	
		<input type="checkbox"/> to low-intermittent wall suction	
		<b>NOTIFY MD IF: SBP greater than 180 or less than 90</b>	
		<b>O2 Sats &lt; 90% on 4L/min Oxygen per Nasal Cannula</b>	
		<b>Major change in Cardiac Rhythm – VT, Heart Block or Atrial Fib/Flutter</b>	
		<b>Respiratory Therapy:</b> <input type="checkbox"/> Continuous pulse oximetry	
		<input type="checkbox"/> O2 NBP 2L/min – titrate to maintain SaO2 greater than or equal to 92%	
		<input type="checkbox"/> Face mask oxygen at _____ L/min or _____ %	
		Non-invasive positive pressure ventilation:	
		<input type="checkbox"/> CPAP at _____ mmHG <input type="checkbox"/> BiPap at _____ mmHg	
		<input type="checkbox"/> Other:	
		<b>MD Signature:</b> _____	
		<b>Date/Time:</b>	



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		<i>Check appropriate boxes.</i>	
		<b>Diet:</b> <input type="checkbox"/> NPO now --- <input type="checkbox"/> except for meds <input type="checkbox"/> Cardiac <input type="checkbox"/> 2000mg/day low Sodium	
		<input type="checkbox"/> 1000mg/day Low Sodium <input type="checkbox"/> Fluid Restriction of _____ mL per day	
		<input type="checkbox"/> _____ kcal ADA <input type="checkbox"/> Warfarin Diet	
		<input type="checkbox"/> Other:	
		<b>IV Fluids:</b>	
		<b>Labs STAT:</b> <input type="checkbox"/> BMP <input type="checkbox"/> Liver Panel <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Phosphorus <input type="checkbox"/> Magnesium	
		<input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> CBC <input type="checkbox"/> TSH <input type="checkbox"/> Digoxin Level <input type="checkbox"/> BNP	
		<input type="checkbox"/> Troponin I every 8 hours times _____	
		<input type="checkbox"/> Other:	
		<b>Labs in AM:</b> <input type="checkbox"/> BMP <input type="checkbox"/> Liver Panel <input type="checkbox"/> Lipid Panel (fasting) <input type="checkbox"/> Phosphorus	
		<input type="checkbox"/> Magnesium <input type="checkbox"/> PT/INR <input type="checkbox"/> PTT <input type="checkbox"/> CBC <input type="checkbox"/> TSH <input type="checkbox"/> Digoxin Level	
		<input type="checkbox"/> BNP <input type="checkbox"/> Troponin I every 8 hours times _____	
		<input type="checkbox"/> Other:	
		<b>Diagnostic Tests on Arrival to the Floor:</b> <input type="checkbox"/> ECG(Reason):	
		<input type="checkbox"/> Portable Chest X-Ray (Reason):	
		<input type="checkbox"/> PA and Lateral Chest X-Ray(Reason):	
		<b>Diagnostic Tests in AM:</b> <input type="checkbox"/> ECG(Reason):	
		<input type="checkbox"/> Portable Chest X-Ray (Reason):	
		<input type="checkbox"/> PA and Lateral Chest X-Ray(Reason):	
		<b>Consults:</b> <input type="checkbox"/> Cardiac Rehab (REASON): Congestive Heart Failure Education Admission	
		<input type="checkbox"/> Social Work Evaluation (Reason): Congestive Heart Failure	
		<input type="checkbox"/> Dietician (Reason): Congestive Heart Failure	
		<input type="checkbox"/> Smoker: If patient smoker or has quit in the last year consult Respiratory Therapy for smoking cessation interventions.	
		<input type="checkbox"/> Patient is a non-smoker:	
		<b>MD Signature:</b> _____	
		<b>Date/Time:</b>	



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ORDERED		Congestive Heart Failure Order Set ( 3 of 5 )	TIME
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		<i>Check appropriate boxes.</i>	
		<b>Document EF:</b> <input type="checkbox"/> Moderate/Severe ventricular dysfunction	
		<input type="checkbox"/> EF _____ % per Echo dated _____	
		<input type="checkbox"/> EF _____ % per office records _____	
		<input type="checkbox"/> EF unknown – Unit secretary to obtain copy of previous Echo _____	
		<input type="checkbox"/> If no previous echo report available, order echocardiogram to be	
		Done and read by <input type="checkbox"/> Dr. Boland	
		<input type="checkbox"/> Dr. Bart Williams	
		<input type="checkbox"/> Other:	
		<input type="checkbox"/> Schedule Outpatient echocardiogram (date) _____	
		<b>Anticoagulants:</b> <input type="checkbox"/> Enoxaparin(Lovenox) 1mg/kg subq every 12 hours	
		<input type="checkbox"/> Warfarin _____ mg by mouth at bedtime	
		<input type="checkbox"/> <b>See separate protocol for Heparin Infusion</b>	
		<b>Deep Vein Thrombosis (DVT) Prophylaxis:</b>	
		Anticoagulant Pharmacologic Agents:	
		START DATE/TIME: _____	
		<input type="checkbox"/> Heparin 5000 units SubQ every 8 hours	
		<input type="checkbox"/> Heparin 5000 units SubQ every 12 hours (For use if wt <50kg or >75 years)	
		<input type="checkbox"/> Enoxaparin (Lovenox) 30 mg SubQ every 12 hours ( <b>CrCL&lt;30</b> )	
		<input type="checkbox"/> Enoxaparin (Lovenox) 40 mg SubQ every day	
		<input type="checkbox"/> Other agent/dose:	
		<input type="checkbox"/> Unnecessary because will be fully anticoagulated (SEE SEPARATE MED ORDER)	
		<input type="checkbox"/> Contraindicated because of coagulopathy, platelet dysfunction, or evidence of bleeding	
		<input type="checkbox"/> Other Contraindication(s)- List:	
		<input type="checkbox"/> Place Sequential Compression Devices (SCD)	
		<input type="checkbox"/> TED hose	
		<input type="checkbox"/> Pharmacologic DVT Prophylaxis contraindicated due to: (circle) active	
		Hemorrhage/Severe trauma to head or spinal cord with hemorrhage in the last	
		4 weeks/Intracranial hemorrhage within last year/Craniotomy within 2 weeks/	
		Intraocular surgery within 2 weeks/GI, GU hemorrhage within the last month/	
		Thrombocytopenia (50K) or coagulopathy (PT>18 seconds)/End stage liver	
		disease/Active intracranial lesions-neoplasms/Hypertensive urgency-	
		Emergency/Post-operative bleeding concerns/Immune mediated HIT/	
		Epidural analgesia with spinal catheter (current or planned)	
		<b>MD Signature:</b> _____	
		<b>Date/Time:</b> _____	



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		<i>Check appropriate boxes.</i>	
		<input type="checkbox"/> <b>Diabetes</b> Management Bundle	
		<b>ACEI or ARB: Hold if SBP &lt; 90</b>	
		<input type="checkbox"/> No ACEI or ARB because of Hyperkalemia / hypotension / renal artery stenosis Mod-severe AS / worsening renal function <b>(circle reason)</b>	
		<input type="checkbox"/> Lisinopril _____ mg po every _____ hours	
		<input type="checkbox"/> Other:	
		<b>Diuretics:</b> <input type="checkbox"/> Furosemide(Lasix) _____ mg IV or PO Every _____ hours (circle route)	
		<input type="checkbox"/> Furosemide(Lasix), 250 mg in 250 ml D5W at 10ml/hour	
		<input type="checkbox"/> Other:	
		<b>Beta Blocker: Hold if</b> <input type="checkbox"/> HR less than 50 bpm <input type="checkbox"/> HR less than 60 bpm <input type="checkbox"/> SBP less than 90mmHg <input type="checkbox"/> SBP less than 100 mmHg	
		<input type="checkbox"/> Metoprolol(Lopressor) <input type="checkbox"/> 12.5mg <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg PO twice daily - <input type="checkbox"/> first dose now	
		<input type="checkbox"/> Metoprolol(Toprol XL) <input type="checkbox"/> 12.5mg <input type="checkbox"/> 25mg <input type="checkbox"/> 50mg <input type="checkbox"/> 100mg PO once daily - <input type="checkbox"/> first dose now	
		<input type="checkbox"/> Carvedilol(Coreg) <input type="checkbox"/> 3.125mg <input type="checkbox"/> 6.25mg <input type="checkbox"/> 12.5mg <input type="checkbox"/> 25mg PO twice daily - <input type="checkbox"/> first dose now	
		<input type="checkbox"/> Other:	
		<b>Vasodilators:</b>	
		<input type="checkbox"/> Nitroglycerin IV (50mg/250ml D5W) _____ mcg/minute Notify MD for SBP less than _____ mmHg	
		<input type="checkbox"/> Nitroprusside(Nipride) Start at 0.3 to 0.5 mcg/kg/minute (Dose): _____ mcg/kg/min <i>Titrate in increments of 0.5 mcg/kg/minute to keep SBP between 90-120 mmHg</i>	
		<b>(Note: Require intra-arterial pressure monitoring and ICU admission)</b>	
		<input type="checkbox"/> Nesiritide (Natrecor) requires separate order sheet	
		<b>Inotropes:</b>	
		<i>(Recommended only for patients with signs of cardiogenic shock: SBP less than 90mmHg, cool extremities, prerenal azotemia with volume overload, mental status changes.)</i>	
		<input type="checkbox"/> Dobutamine (Dobutrex) _____ mcg/kg/minute infusion	
		<input type="checkbox"/> Milrinone (Primacor) 0.5 mcg/kg/minute infusion	
		<input type="checkbox"/> Other:	
		<b>MD Signature:</b> _____	
		<b>Date/Time:</b> _____	



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