



CONGESTIVE HEART FAILURE ORDER SET

Check appropriate boxes:

Admit to _____ unit to Dr. _____

Inpatient Observation Telemetry

Diagnosis: _____

Consult Dr. _____ Reason: _____

I have called Dr. _____, add to his/her list.

Diet: NPO Regular Other:

Code Status: Full Code Do Not Resuscitate Palliative Care Consult

Do Not Resuscitate and Comfort Care Only

NURSING ORDERS:

Activity: Up ad lib Up with assistance Bedrest Up in chair with meals

Ambulate _____ times daily Other:

Vital Signs: Routine every 4 hours Other: _____

Daily Weights (no bed scale if able to stand)

Strict I&O

Notify for new onset of temp > 100.6

Assess Smoking History and Counsel

Pneumococcal Vaccine Screening and Influenza Vaccine Screening (Oct.-March)

Oxygen assessment by pulse oximetry

Respiratory Therapy: O2 NBP _____ L/min

Face mask oxygen at _____ L/min or _____ %

Non-invasive positive pressure ventilation:

CPAP at _____ mmHG BiPap at _____ mmHG

Other: _____

Labs NOW (IF NOT DONE IN ED): BMP CMP Lipid Profile Magnesium PT/PTT

CBC CBC with Diff TSH BNP Troponin I every 8 hours X _____

Other: _____

Labs in AM: BMP CMP Lipid Panel (fasting) Magnesium PT/PTT CBC CBC with diff

TSH BNP Other: _____

Diagnostic Tests, unless done in the ED:

ECG Portable Chest X-ray PA and Lateral Chest X-Ray

Other _____

Physician Signature: _____ Date/Time: _____



Congestive Heart Failure Order Set

▼ Patient Label ▼



Consults:

- Social Work Evaluation
- Dietitian
- Pharmacy for warfarin instruction

Document EF: Moderate/Severe ventricular dysfunction (EF < 40%) Mild (EF > 40%)

EF _____ % per Echo dated _____

EF unknown – Unit secretary to obtain copy of previous Echo

If no ejection fraction known, order echocardiogram to be done and read by

Cardiologist on call Dr. Boland Dr. Chang Dr. Bart Williams

Other: _____

Schedule Outpatient echocardiogram (date) _____ Physician to read: _____

Reason for study: _____

MEDICATIONS:

DVT Prophylaxis (see attached order set)

PRN Medications (see attached order set)

Diabetic Management Bundle (see attached order set)

Therapeutic Anticoagulation (not DVT prophylaxis):

Enoxaparin 1mg/kg SQ every 12 hours:

Enoxaparin RENAL DOSING: CrCl < 30: 1mg /kg SQ q 24 hours

Warfarin _____ mg by mouth po daily. Hold for INR > _____ INR daily

Heparin Infusion per protocol

ACEI or ARB: Hold if SBP less than 90mmHg SBP less than 100 mmHg

Lisinopril _____ mg po every _____ hours

Other: _____

No ACEI or ARB because of (circle reason)

Hyperkalemia / hypotension / renal artery stenosis

Mod-severe Aortic Stenosis/ worsening renal function/ ACEI allergy/ ARB allergy

Other Reason for not prescribing ACEI or ARB _____

Diuretics: Furosemide _____ mg IV every _____ hours

Furosemide _____ mg PO every _____ hours

Furosemide 100mg in 100 ml D5W at 10 ml/hour other rate _____ ml/hr

Other: _____

Beta Blocker: Hold if HR < 50 bpm HR < 60 bpm SBP < 90mmHg SBP < 100 mmHg

Metoprolol tartrate (Lopressor) _____

Metoprolol succinate (Toprol) _____

Carvedilol (Coreg) _____

Other: _____

Vasodilators:

Nitroglycerin IV (50mg/250ml D5W) @ _____ mcg/minute—may titrate to _____ mcg/minute

Nitroprusside IV (50 mg/250 ml D5W) Start at _____ mcg/minute and may titrate to a max of _____ mcg/minute

Notify MD for SBP less than _____ mmHg

Titrate in increments of 0.5 mcg/kg/minute to keep SBP between 90-120 mmHg

(Note: Requires intra-arterial pressure monitoring and ICU admission)

Nesiritide IV per protocol



Congestive Heart Failure Order Set

▼ Patient Label ▼



Inotropes: Requires ICU/PCU admission

(Recommended only for patients with signs of cardiogenic shock: SBP less than 90mmHg, Cool extremities, prerenal azotemia with volume overload, mental status changes.)

Dobutamine (Dobutrex) IV _____ mcg/kg/minute infusion. Start at _____ mcg/kg/minute and may titrate to a max of _____ mcg/minute

Milrinone (Primacor) IV 0.5 mcg/kg/minute infusion

Other: _____

Other Medications:

Digoxin _____

Spironolactone _____

Statin Therapy: Rosuvastatin (Crestor) _____ Atorvastatin (Lipitor) _____

Simvastatin (Zocor) _____ Other: _____

Antiplatelet Therapy: Aspirin 81 mg PO daily Aspirin 325mg PO daily Clopidogrel 75 mg PO daily

Diagnoses present or not present on admission

Secondary diagnosis/problems (this information can affect the patient's severity level)	Indicate whether the condition was present on the patient's arrival at the hospital																		
<table border="0"> <tr> <td data-bbox="51 936 724 968">1. Pressure Ulcer</td> <td data-bbox="724 936 797 968">Yes</td> <td data-bbox="797 936 1078 968">No</td> </tr> <tr> <td data-bbox="51 1119 724 1150">2. Foley catheter related UTI</td> <td data-bbox="724 1119 797 1150">Yes</td> <td data-bbox="797 1119 1078 1150">No</td> </tr> <tr> <td data-bbox="51 1161 724 1192">3. Central Venous catheter associated infection</td> <td data-bbox="724 1161 797 1192">Yes</td> <td data-bbox="797 1161 1078 1192">No</td> </tr> <tr> <td data-bbox="51 1203 724 1234">4. Poor glycemic control</td> <td data-bbox="724 1203 797 1234">Yes</td> <td data-bbox="797 1203 1078 1234">No</td> </tr> <tr> <td data-bbox="107 1245 724 1276"> a. uncontrolled on admission</td> <td></td> <td></td> </tr> <tr> <td data-bbox="107 1287 724 1318"> b. admitted with DKA, coma or hyperosmolarity</td> <td data-bbox="724 1287 797 1318">Yes</td> <td data-bbox="797 1287 1078 1318">No</td> </tr> </table>	1. Pressure Ulcer	Yes	No	2. Foley catheter related UTI	Yes	No	3. Central Venous catheter associated infection	Yes	No	4. Poor glycemic control	Yes	No	a. uncontrolled on admission			b. admitted with DKA, coma or hyperosmolarity	Yes	No	<p data-bbox="1105 936 1409 968">If yes, document site(s):</p> <p data-bbox="1105 999 1533 1020">_____</p> <p data-bbox="1105 1041 1533 1062">_____</p> <p data-bbox="1105 1083 1533 1104">_____</p>
1. Pressure Ulcer	Yes	No																	
2. Foley catheter related UTI	Yes	No																	
3. Central Venous catheter associated infection	Yes	No																	
4. Poor glycemic control	Yes	No																	
a. uncontrolled on admission																			
b. admitted with DKA, coma or hyperosmolarity	Yes	No																	

Other Orders: _____

Physician Signature: _____ Date/Time _____



Congestive Heart Failure Order Set

▼ Patient Label ▼

**PRN MEDICATION ORDERS:
(Choose one for each condition)**



- Nausea: Promethazine (Phenergan) 12.5 mg IV every 6 hours as needed.
 Promethazine (Phenergan) 25 mg IV every 6 hours as needed.
 Ondansetron (Zofran) 4 mg IV every 4 hours as needed.
 Ondansetron (Zofran) 8 mg IV every 8 hours as needed.
- Fever: Acetaminophen (Tylenol) 650 mg po every 4 hours as needed for Temp. >101
 Acetaminophen (Tylenol) 650 mg suppository rectally every 4 hours as needed for Temp. >101
 Other:
- Cough: Benzonatate (Tessalon Pearles) 100 mg PO q 6 hours as needed
 Guaifenesin (Robitussin) 400mg PO q 6 hours as needed
- Indigestion: Magnesium and aluminum hydroxides with simethicone (Mylanta) 30 ml po as needed.
 Famotidine (Pepcid) 40 mg po every day as needed
 Other:
- Constipation: Bisacodyl (Dulcolax) suppository rectally as needed.
 Magnesium Hydroxide Suspension (Milk of Magnesia) 30 ml po as needed.
 Sodium phosphate enema (Fleets Enema) as needed.
 Other:
- Anxiety: Alprazolam (Xanax) 0.25 mg po every 6 hours as needed.
 Diazepam (Valium) _____ mg po every 6 hours as needed.
 Lorazepam (Ativan) _____ mg po every 6 hours as needed.
 Other:
- Sleep: Zolpidem (Ambien) 5 mg po every hs as needed and may repeat in 30 minutes.
 Temazepam (Restoril) 15 mg po every hs as needed.
 Temazepam (Restoril) 30 mg po every hs as needed.
- Pain: Nitroglycerin 0.4 mg sl prn for chest pain, every 5 minutes x 3
 Acetaminophen (Tylenol) 650 mg po every 4 hours as needed.
 Hydrocodone 5mg with acetaminophen 500 mg (Lortab 5 mg) po every 4 hours as needed.
 Hydrocodone 7.5mg with acetaminophen 500 mg (Lortab 7.5 mg) po every 4 hours as needed.
 Other:
- Respiratory: Albuterol 0.083% (2.5 mg/3 ml) q _____ hours routine and q _____ hours as needed sob/wheezing
 Ipratropium 0.02% (0.5 mg/2.5 ml) q _____ hours routine and q _____ hours as needed sob/wheezing
 Duoneb unit dose q _____ hours routine and q _____ hours as needed sob/wheezing
 Other nebulizer: _____

- Lipbalm (Blistex) to lips prn for dryness or irritation
 Artificial Tears prn for dryness
 Benzocaine/Phenol (Chloraseptic) Spray prn for sore throat
 Vasolex cream to buttocks prn for dryness

Physician Signature: _____ Date/Time _____



Congestive Heart Failure Order Set

▼ Patient Label ▼

Prevention of Hospital Acquired Venous Thromboembolism



Venous Thromboembolism Risk Factors

Age >50 year Myeloproliferative disorder Dehydration CHF Active malignancy Hormonal replacement Moderate to Major surgery	Prior history of VTE Impaired mobility Inflammatory bowel disease Active rheumatic disease Sickle cell disease Estrogen based contraceptives Central venous catheter	Acute or chronic lung disease Obesity Known thrombophilic state Varicose veins/chronic stasis Recent post-partum w/immobility Nephrotic syndrome Myocardial infarction
---	--	--

Venous Thromboembolism (VTE) Risk in the Hospitalized Inpatient

LOW	MODERATE	HIGH
<input type="checkbox"/> Ambulatory patient without additional VTE Risk Factors <input type="checkbox"/> Ambulatory patient with expected LOS <=2 days, or same day/minor surgery Only a few patients!! Ambulation and Education	<input type="checkbox"/> All other patients (most patients) (not in LOW or HIGH category) LMWH or UFH 5000 units q 8 hours	<input type="checkbox"/> Elective major lower extremity arthroplasty <input type="checkbox"/> Hip, pelvic, or severe lower extremity fractures <input type="checkbox"/> Acute spinal cord injury with paresis <input type="checkbox"/> Major multiple trauma <input type="checkbox"/> Abdominal or pelvic surgery for cancer LMWH or Arixtra or Coumadin, AND SCD

Pharmacologic Prophylaxis Options: Choose ONE:

- Enoxaparin 40 mg subcutaneous q 24 hours (both MODERATE and HIGH risk patients, except knee replacement)
- Enoxaparin 30 mg subcutaneous q 12 hours (HIGH risk, knee replacement)
- Enoxaparin RENAL DOSING: CrCl < 30: 30 mg subcutaneous q 24 hours (MODERATE and HIGH risk patients)
- UFH 5000 units subcutaneous q 8 hours (MODERATE risk only)
- UFH 5000 units subcutaneous q 12 hours (for MODERATE risk patients <50kg or > 75 years of age)
- Fondaparinux 2.5 mg subcutaneous q 24 hours (alternate in selected HIGH risk patients)
- Coumadin _____mg po daily, target INR 2-3 (alternate in selected HIGH risk patients)
- NO pharmacologic prophylaxis, patient has contraindication to pharmacologic prophylaxis or is on therapeutic anticoagulation (please check contraindications)
- NO pharmacologic prophylaxis, patient has NO VTE risk factors listed and meets LOW risk criteria above.

Mechanical Prophylaxis:

- Venodynes (SCD) (Default adjunct in HIGH risk patients, or in contraindications to anticoagulation)
- Graduate compression stockings
- NO mechanical VTE prophylaxis

Contraindications or other Conditions to Consider with Pharmacologic VTE Prophylaxis

<input type="checkbox"/> ABSOLUTE	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER
<input type="checkbox"/> Active Hemorrhage <input type="checkbox"/> Severe trauma to head or spinal cord with hemorrhage in the last 4 weeks <input type="checkbox"/> Other _____	<input type="checkbox"/> Intracranial hemorrhage within last year <input type="checkbox"/> Craniotomy within 2 weeks <input type="checkbox"/> Intraocular surgery within 2 weeks <input type="checkbox"/> GI, GU hemorrhage within the last month <input type="checkbox"/> Thrombocytopenia (<50K) or coagulopathy (PT > 18 seconds) <input type="checkbox"/> End stage liver disease <input type="checkbox"/> Active intracranial lesions/neoplasms <input type="checkbox"/> Hypertensive urgency/emergency <input type="checkbox"/> Postoperative bleeding concerns*	<input type="checkbox"/> Immune mediated HIT <input type="checkbox"/> Epidural analgesia with spinal catheter (current or planned)

*Scheduled return to OR within the next 24 hours *Spinal Cord or Ortho Spine: 7 days leeway
 *General Surgery, s/p Trauma admission: 48 hours leeway *Major Ortho: 24 hours leeway

Physician Signature: _____ Date/Time: _____



Congestive Heart Failure Order Set

PATIENT LABEL