# ORDERS FOR PATIENTS WITH HEART FAILURE

**MD: CHECK BOXES, FILL IN WHERE APPLICABLE OR PLEASE DELETE ORDERS WHICH ARE N/A**

**ED nurse initial what is done in ED:**

- ☑ $O_2$ at 2L/NC prn $Sa0_2 \leq 90\%$
- ☑ Furosemide 40 mg IV STAT
- ☑ ECG
- ☑ CBC, M7, PT, PTT, Mg++, Early Chest Pain Panel
- ☑ CXR

**Admit to :** ☐ Telemetry ☐ Acute Care

**Allergies:**

Team:_____ Attending:_____

R3:_____ pager#_____ INTERN_____ pager#_____

**Diagnosis:** _____

**Code Status:** _____

**Condition:**

**Routine Care:**

- ☑ VS (T, HR, RR, BP, Pulse $O_2$Sat) and pain scale on admission and q4 while awake x 24°, adv. to unit routine as stable
- ☑ Contact HO for:
  - SBP >_____<_____ DBP >_____<_____
  - HR >_____<_____ RR >_____<_____
  - T >_____<_____ O2Sat < 90% or acute change in O2Sat
- ☑ Daily Weight
- ☑ Strict I&O
- ☑ For chest pain, obtain STAT 12 lead ECG, administer NTG 0.4 mg SL & call HO
- ☑ Implement Heart Failure Patient Education
- ☑ Activity as tolerated

**Diagnostic Tests:**

- ☑ M7 in AM
- ☑ CXR in AM
- ☑ ECG in AM
- ☑ Fasting Lipid Panel in AM
- ☐ Digoxin Level in AM
- ☐ Late chest pain panel at 3 hrs after admission
- ☐ Late chest pain panel at 6 hrs after admission
- ☐ Echocardiogram to evaluate Systolic and Diastolic Function
- ☐ Other:_____

**Fluids:**

- ☑ IV Saline lock (flush Q 8° and PRN)
- ☐ IV fluids:_____

**Diet:**

- ☑ Healthy Heart Diet
- ☑ Sodium Restricted: *(select one)* ☐ 2gm/24 hrs ☐ 3-4gm/24hrs
- ☑ Nutrition Consult (fax to nutrition services)
- ☐ Free $H_2O$ Restriction: _____cc/24hrs
- ☐ Other:_____

MD Signture _____ Date/Time_____ RN Signture _____ Date/Time_____

PT.NO.

NAME

D.O.B.

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

**HEART FAILURE ORDERS, Page 1**

WHITE - MEDICAL RECORD
CANARY – NURSING

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**Medications:**

- ❒ Aspirin EC 81 mg po qd
- ❒ Aspirin EC 325 mg po qd

Diuretics:

- ❒ Furosemide:_____ mg every_____
  ❒ PO ❒ IV

or

- ❒ Other:_____
  _____

Potassium Replacements (KCL) :

- ❒ PO: _____mEq every_____

Beta Blocker:

- ❒ Metoprolol XL : _____mg PO every_____
- ❒ Metoprolol: _____mg PO every_____
- ❒ Carvedolol: _____ mg PO every_____
- ❒ Other:_____

Hold for SBP < 90 or HR < 60 & call HO

Ace Inhibitor (unless contraindicated):

- ❒ Captopril: _____mg PO every_____
- ❒ Lisinopril: _____mg PO every_____
- ❒ Enalapril: _____mg PO every_____
- ❒ Other:_____

Hold for SBP < 90 & call HO

- ❒ Spironolactone 25 mg PO every day
- ❒ Continue Digoxin: _____mg PO every_____

Nitrates:

- ❒ NTG 0.4 mg SL PRN Chest Pain Q 5minutes X3 and call HO

Other Meds:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

☑ Discharge Pharmacy Consult

MD Signture _____ Date/Time_____ RN Signture _____ Date/Time_____

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*Source:* Harborview Medical Center, Seattle.