

STANDING ADMISSION ORDERS HEART FAILURE

Admitting Physician: _____ **Date:** _____ **Time:** _____

Admit to Inpatient: Med/Surg Telemetry ICU

Place in Observation Services: Med/Surg Telemetry

Diagnosis: New Onset Heart Failure Acute Exacerbation Heart Failure Other: _____

Condition: Stable Guarded Critical Good Fair Poor

Consult: Cardiology: _____
 Pulmonary: _____
 Other: _____

Allergies: _____

Code Status: Full DNR

Vital Signs: Per unit protocol Every shift every _____ hours
 Call for SBP more than _____ SBP less than _____ DBP more than _____ DBP less than _____
 Other: _____

Activity: Bed rest Up in chair Bedside commode Ambulate ad lib Bathroom privileges only

Nursing: Daily weight Intake & Output Foley to drainage Sequential Compression Device (SCD)
 Pulse oximeter Every shift Twice a day Continuous overnight monitor
 Glucose checks AC and q HS or q _____ hrs
 fluid restriction _____ ml/days
 Other: _____

Diet: Regular NPO 2 gm low sodium
 Clear liquid Full liquid Cardiac Carbohydrate Controlled
 Other: _____

Fluids: Intravenous: _____ @ _____ ml/hr
 Saline lock
 Other Labs: _____

Oxygen: Nasal Cannula _____ L/min, adjust to keep O2 sat more than 92%
 Venti Mask _____ % FIO2 100% NRB
 Other: _____

Protocols (if available): All protocol orders must be placed in chart



- Nitroglycerin IV Protocol
- Weight Based Heparin Dosing Protocol (when patient placed on protocol, all associated labs and monitoring is included)
- Insulin Infusion Protocol (ICU patients only)

Labs: Troponin (STAT, repeat 90 min, and 12 hours) CPK Myoglobin
 BMP CMP BNP D-dimer Phosphorous Fasting lipid profile
 TSh UA CBC ABG Digoxin level Magnesium
 Other Labs: _____

Studies: C Xray: Portable PA/Lateral
 EKG now and in AM
 STAT EKG PRN with chest pain or palpitations
 Echocardiogram Dr. _____ to read
 Nuclear Cardiac Scan (assess wal motion, EF)
 Other: _____

Core Measure: If LVSD not assessed this hospitalization, document prior EF or reason test not performed:

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

 	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

<h3>TOWN & COUNTRY HOSPITAL</h3> <p>6001 Webb Road - Tampa, Florida 33615 - (813) 888 - 7060</p>	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC	
	Allergies:									
	Attending Physician Name:									

Medications: (Check the appropriate box)

- Furosemide (Lasix) _____ mg IV PO BID or every _____ hrs
- Furosemide (Lasix) 1 mg/ml continuous IV infusion. Start at 10 mg/hr
Increase by 10 mg/hr every 4 hrs (max 40mg/hr) until urine output goal of _____ ml/hr achieved
- Metolazone (Zaroxolyn) _____ mg PO daily; give 30 minutes before Furosemide dose.
- Metolazone (Zaroxolyn) _____ mg PO daily
- Spironolactone (Aldactone) _____ mg PO daily
- Carvedilol phosphate (Coreg CR) 10 mg PO day 20 mg PO daily 40 mg PO daily 80 mg PO daily
- Digoxin (Lanoxin) 0.125 mg 0.25 mg PO daily IV daily
- Morphine sulfate 2mg Iv every 2 hr PRN dyspnea
- Enoxaparin (Lovenox) 40 mg subcutaneous every 24 hrs (renal dosing)
- Lisinopril (Zestril, Prinivil) 5 mg PO x 1, then 10mg PO daily. If allergic or intolerant to ACEI, use Losartan (Cozaar) 25mg PO daily.
Hold if SBP less than 90mm or K- greater or equal to 5.5 mmol/L or Creatinine greater or equal to 2.5.
- Lorazepam (Ativan) 0.5mg PO every 6 hrs PRN 1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20 mg IV twice daily PO twice daily
- Pantoprazole (Protonix) 40 mg IV once daily PO once daily
- KCL (Micro-K) 20 mg PO daily 40 mEq PO daily
- Nicotine _____mg topical patch apply daily
- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting

Standard Medications: (all orders below will be implemented unless crossed out)

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp more than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO q HS PRN constipation
- Maalox 30 ml PO q 4 hrs PRN heartburn



Vaccination: Check for prior vaccination status. If none given, administer when patient afebrile and vital signs stable.

- Pneumococcal Vaccination 0.5 ml IM if patient is older than 65 years.
- Influenza Vaccination 0.5 ml IM if patient is older than 50 years (October through March)

Additional Meds:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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