

## Heart Failure Admission -DEBMHFD1

(orders in addition to General admission orders)

### Interventions

Cardiac monitor

### Diet

2 gm sodium  fluid restriction \_\_\_\_\_ mL

### Medications

#### Diuretics

furosemide (LASIX):  \_\_\_\_\_ mg PO every \_\_\_\_\_ hours  \_\_\_\_\_ mg IV every \_\_\_\_\_ hours

#### Potassium Supplements

potassium chloride \_\_\_\_\_ mEq every \_\_\_\_\_ hours intravenous piggyback  
 potassium chloride extended release \_\_\_\_\_ mEq PO \_\_\_\_\_ times a day

#### Nitrates

isosorbide dinitrate (ISORDIL) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day  
 isosorbide mononitrate (IMDUR) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day  
 nitroglycerin 0.1 mg/hr transdermal film, extended release, 1 patch daily  
 nitroglycerin 2% ointment \_\_\_\_\_ inches apply topically every \_\_\_\_\_ hours

#### Reminders

- An ACE inhibitor or angiotensin receptor blocker should be prescribed upon discharge to patients with an ejection fraction less than 40%; Avoid first-generation calcium channel blockers  
 **CONTRAINDICATED: REASON**

#### Angiotensin-Converting Enzyme (ACE) Inhibitors

captopril (CAPOTEN) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day  
 enalapril (VASOTEC) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day  
 lisinopril (PRINIVIL) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day


#### Angiotensin Receptor Blockers (ARB if intolerant of ACE)

losartan (COZAAR) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day  
 valsartan (DIOVAN) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day  
 After loading reducing agents (hold for SBP less than \_\_\_\_\_ mmHg)

#### Beta-Blockers

carvedilol (COREG) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day  
 metoprolol (TOPROL XL) \_\_\_\_\_ mg PO \_\_\_\_\_ times a day

#### Diagnostic Tests (Indicate schedule after order)

Echocardiogram, transthoracic if not done in the past 6 months \_\_\_\_\_  
 Nursing: please place most recent echocardiogram on chart (retrieve from SoftMed)   
 Other \_\_\_\_\_

#### Consults

Consult to cardiology Dr. \_\_\_\_\_  Consult to Cardiac Rehab: Successful Hearts

#### Provider Signature

\_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

 = Performance Measure

Patient Information

St. Elizabeth's Hospital  
Belleville, Illinois

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Form # 1357

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